The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXVIII. WINNIPEG, MAN., OCTOBER, 1932 No. 10

Registered at Ottawa, Canada, as second-class matter.

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Editor and Business Manager:—
JEAN S. WILSON, Reg.N., 511 Boyd Building, Winnipeg, Man.

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A Critical Period

By FLORENCE H. M. EMORY, President, Canadian Nurses Association

A return of the fall season marks a new period of professional activity. True it is that to recall the Saint John meeting and action taken there is inspiriting, but that in itself serves only to emphasize the need for carrying to fruition the projects considered during those sessions. The challenge of 1932-34 presses upon us. For the Canadian Nurses Association that period promises to be a critical one.

Two years ago the National Association accepted three objectives around which its activities should centre. The vital need for increased membership was conceded. Through the unanimous support of provincial associations an increase in membership of 9% can be recorded. The organisation has held this matter to be of such urgent import as to have appointed a membership campaign committee to work through the nine provincial associations to ensure a larger membership. With the commemoration of the 25th anniversary of the founding of the Association in 1934, membership must exceed 10,000.

A second interest, and a lively one, has been to facilitate the successful completion of the Survey of Nursing Education. Nor has interest in that project abated. Resolutions passed in Saint John support recommendations of the Report and reflect the urgent need of the early appointment of virile, active provincial joint study committees. The National Association in adopting these resolutions set its seal of approval upon them. We cannot forget certain recommendations not adopted at Saint John: ones regarding which action has been delayed. These should be considered with a view to decision at the biennial meeting in 1934. The final effectiveness of the Survey rests with provincial action through joint study committees appointed for that express purpose. Florence Nightingale held strongly and quite aptly that "a report is not self-executive." The application is palpable.

A third objective has culminated in the appointment of a full-time Editor and Business Manager for the official organ of the Association: *The Canadian Nurse*. The beginning of November, national headquarters will have moved to Montreal, and the first of the new year will witness the coming of the new Editor. With that appointment the staff of the National Office will be well equipped to care for the interests of the profession: the Executive Secretary functioning in the development of professional matters through closer contact with groups within and without, and the Editor interpreting nursing ideas and ideals, national and international, through the pages of *The Canadian Nurse*. It is inevitable that increased staff brings with it increased financial responsibility. I plead for greater support of the magazine through additional subscriptions. A comparison of these in 1930 and 1931 shows a decrease of 11.3%, with a present subscription list of 1,995. The enforced contrast of a membership of 9,385, with subscriptions totalling 1,995, is not creditable. Nor can the fault be laid at the door of any one affiliated unit. The nine are alike culpable. Through effort extra-ordinary the last three months of the year can reflect improvement, so that the new Editor may assume her duties with more than an even chance of success.

Let me summarise, briefly, the objects upon which the activities of affiliated units should focus:

1. To co-operate with the national membership campaign committee in an effort for increased membership. With the commemoration of the 25th anniversary of the founding of the Association in June, 1934, membership must exceed 10,000.

2. To appoint representative and strong provincial joint study committees, which will manifest a genius for prudent action. The ultimate value of the Survey is largely in their keeping.

3. To endeavour to increase subscriptions to *The Canadian Nurse*. The Editor and Business Manager should commence an experimental period of two years with reasonable hope of success.

I repeat, a critical period is upon us: a period that affords opportunity for added laurels. With the collective conscience of the profession duly sensitive, with a unified spirit and with hard work, the emergence of success is assured. Echoing the words of the Canadian Premier in his address at the opening of the recent Imperial Conference, we pledge both heart and hand for "what way lie faith and hope, that way we follow."

Canadian Nurses Association

Announcement was made in previous issues of the *Journal* that by unanimous decision at the recent General Meeting of the Canadian Nurses Association, the official representatives of the nine provincial units voted in favour of the National Office operating in Montreal in future.

A lease has been obtained for a suitable suite of offices, and after November 1st, 1932, National Headquarters will function at 401 Crescent Building, St. Catherine and Crescent Streets, Montreal, Que.

The Appointment of an Editor

It is with peculiar satisfaction that the Executive of the Canadian Nurses Association announces the appointment of Miss Ethel Johns as Editor of the official organ of the Association: *The Canadian Nurse*. With the new year the Editor and Business Manager will be at her desk at National Headquarters in Montreal.

Born in England and educated in North Wales, Miss Johns is a graduate of the School for Nurses of the Winnipeg General Hospital. After undertaking a year of study in the Department of Nursing Education at Teachers College, Columbia, University, she held administrative posts in the McKellar General Hospital, Fort William, and in the Children's Hospital, Winnipeg. A third Canadian appointment was the dual position of Director of Nursing of the Vancouver General Hospital and Assistant Professor of the Department of Nursing and Health of the University of British Columbia. While in Winnipeg, manifest interest in communal welfare led Miss Johns to serve as a valued member of the Public Welfare Commission of the Manitoba Government.

But Canada failed to hold her. Four years Miss Johns spent in Europe as Field Director of the Rockefeller Foundation, rendering conspicuous service in the development of nursing in Roumania and Hungary. Immediately upon her return from Europe in 1929 she was appointed Director of Studies of the Committee on Nursing Organisation of the New York Hospital-Cornell Medical College Association. The activities of this committee included not only the formulation of policies for the reorganisation of the School of Nursing, but also the close and active supervision of the planning and equipment of a residence and school for nurses, which is one of the finest on the continent.

Upon the conclusion of this task Miss Johns was offered and still holds the position of Nurse Associate to the Committee on the Grading of Nursing Schools in the United States of America. In this capacity she has had an exceptional opportunity of familiarising herself with present economic and educational trends in American nursing; an experience which will prove valuable to her in her future work.

This brief biographical sketch would be quite incomplete without reference to Miss Johns' sustained interest in the growth of the profession in Canada throughout the years. This was given tangible proof, while still among us, in her contribution to the Canadian Nurses Association as Secretary of the organisation prior to the appointment of an Executive Secretary.

Miss Johns returns. She brings with her unusual personal gifts and a wealth of experience gained on two continents and in England. She has been absent sufficiently long to have acquired a detachment of outlook and yet to have preserved a depth of insight concerning Canadian nurses and nursing. That constitutes a rare equipment for her task. In the fulfillment of an object for which the Association has worked sedulously, we give to Miss Johns the warmth and loyalty of a united profession. The experiment will continue for two years, and we dare to believe that the ability of the Editor and the response of the nursing group will so synchronize that that period will be prolonged.

FLORENCE H. M. EMORY.

The Approved School for Nurses

Introduced by E. KATHLEEN RUSSELL, Director, Department of Public Health Nursing, University of Toronto, and Nurse Member of the Joint Study Committee, Survey of Nursing Education in Canada.

It may not be very reassuring for me to start the first paper of this morning's session with a trite remark about the "making of history" at this meeting of the Canadian Nurses Association. There seems to have been so much of this making of history and so many makers; apparently it takes a lot of doing! However, the oft-repeated remark must serve again. We may indeed make history, professionally, at this meeting in Saint John, if we will. It is in our own hands to decide. And may heaven help us—though we shan't deserve it—if we fail to rise to this opportunity; for in this case it would seem as if we were beyond the aid of man.

A really momentous thing has happened in the fact that this Survey has been made and the Report published. It is unfortunate that our capacity for wonder seldom seems to be equal to the occasion when really wonderful things happen. But, whether we realise it or not, this startling thing has happened: and the consequences are upon us. The halcyon days of drifting are over. We may rebel against the new suggestions and ignore them, question their use or appropriateness, argue and attempt to deny them. All of this may be done and, doubtless, will be done in more or less abundant measure by each and every one of us. Nevertheless, I am convinced that a certain line has been crossed and that a sufficiently strong effect has been created all over the country so that we can never go back, in professional affairs, to 1931 and its state of being and thinking. What we are going to do with the Survey Report remains yet to be decided, but it is what it has done already with us that I am emphasizing: it has jolted us out of the old rut and a return to exactly the same position will never again be possible. That is not saying that we cannot get ourselves into a worse position if we insist upon doing so!

Appreciation for Dr. Weir, the maker of the Survey and the author of this Report, is surely in order, and I am glad to add one more word of acknowledgment of our gratitude for the amazingly good piece of work that he has done. Also, I would voice a very sincere feeling of appreciation for the co-operation of the Canadian Medical Association. When we get the necessary detachment for viewing these happenings clearly, we realise that we owe the Canadian Medical Association a great debt of gratitude for the way in which it has worked through this project with us. The debt that we owe the three medical members of the Joint Committee is one that probably we yet fail to realise fully. I do not like superlatives nor care for fulsome praise, but would that I could acknowledge adequately what has been done and the generous professional loyalty of the manner in which it has been done. And in addition, we know that the medical members of the committee have had a support from their own organisation, without which their work could not have been accomplished. If it had not been for the generous and loyal co-operation of the members of the Canadian Medical Association a survey of this kind could not have been made. And here I am speaking of something more valuable than financial help, although the latter also was forthcoming and is most gratefully acknowledged. Finally, I would emphasize the work of our National Association in having carried this project through to completion. A feeling of accomplishment should be brought home to us, not for the purpose of idle boasting, but rather that it may secure to us a quiet strength and courage for the next and even

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more difficult phase of work that lies ahead, viz., the action that should follow the Survey Report.

Now we have the Report in front of us, what are we going to do with it? No doubt wise action will be taken, but not too easily. And this because there are certain obstacles lying in our path. We shall probably fare better if we recognise the nature of the obstacles and are prepared to meet them. I note at least three.

First, the natural conservatism that most of us, as adult human beings, display. The *status quo*—if acceptable at all—has all the appeal of convenience and accustomedness and, very often, of sentimental attachment. Suggestions of radical change seldom have much appeal; in fact, are frequently resented. This is not a matter for argument, but it is a general tendency in human behaviour that we do well to recognise.

Secondly, the conflict of loyalties—fit subject for one of the foremost dramatists of our day, and a matter requiring much thought and understanding. There are what might be called the local loyalties claiming their share of attention; and facing these—and apparently in opposition—the larger loyalties whose claim is also undeniable. For instance, there is the small school crying out for support from one who knows of good things that have been done there; there is the smaller province that has ranked low in order in some Survey findings and yet has a hurt feeling that it has contributed indirectly to the higher ranking somewhere else; there is the professional pride that is wounded at some weak point which has been disclosed and feels that all true professional members should fly to its defence. Over against these local interests there is the general claim of nursing, the good of the whole, which is most certainly our responsibility. In our discussions we must think and speak as Canadian nurses, attacking all problems from this general aspect instead of serving as defenders of our local faiths. In the long run it is only thus that our local needs will be truly served.

Third, there are the material difficulties, e.g., such things as lack of money, lack of personnel and so on. We may have all the will in the world and yet accomplishment may seem an impossibility because of the lack of these things.

All these difficulties must be faced in the discussions of the coming days, but, being ready for them, perhaps they will seem less formidable.

We come now to the special subject of this morning's session, which is a consideration of the Approved School for Nurses. Turning to the Report, we find that this subject appears and re-appears continuously throughout the whole book: and inevitably so, for after all the Survey was a study of nursing education, so that the argument can never get far away from the nursing school. The chapters more directly concerned are 2, 3, 4, 6, 8, 9, 12, 13, 17, 22, 23 and 25. And a number of others might easily be included in this list. From all of this, it has been difficult to choose the small amount that could be discussed with some degree of thoroughness in one morning.

Dr. Weir gives the key to his own attitude in Chapter 2 (page 33), when he describes what he calls the three main schools of nursing thought: (a) the reactionaries, (b) the moderates, and (c) the progressives. Having described them, he proceeds to say:

> "The stabilising factor is probably to be found in group (b), representing the moderate group of educational opinion. The adherents of this group, roughly fifty per cent. of the nursing and medical personnel who expressed their views to the Survey, cannot be easily stampeded by extreme viewpoints from either quarter."

Here is a note of moderation and calm judgment that gives confidence. At the same time there is a quiet determination to know the facts of the situation and to face these honestly.

Probably one of the greatest services that the author renders in the whole Report is the fact that he emphasizes so insistently the existence of the nursing school. He says "we are now thinking primarily of the *education* of the student nurse . . . the training school should, first and foremost, be considered an educational institution." (p. 532). And so on, from chapter to chapter, we find this same emphasis, the same determined facing of the fact of a school and what is necessarily involved in such an institution. He presents the three essential constituents of the school, viz., the teacher, the pupil and the curriculum and gives a detailed and critical study of each. In discussing these three, his summary of the situation is that far too often we have a teacher unable to teach, a pupil unable to accept the offered teaching and a curriculum unsuited to its purpose with clinical material insufficient for teaching purposes. This is not to say that Dr. Weir does not ever find good things in nursing schools: on the contrary, again and again and again he expresses appreciation of good work, and special appreciation because he knows that this good work is being done under very great difficulties. But, in making the Survey, he was asked to find out the general condition of our schools and to describe this. Thus we get the summary of the situation as he sees it. And, as I have already said, it is far too often that the school is found wanting and that pupil, teacher and curriculum, all three, show marked shortcomings.

In starting this discussion it will probably help somewhat if we recognise quite frankly that we have, in nursing education, a subject that is inherently complex: for this reason confusion will creep into our discussions with the greatest ease. It is possible that no other professional school has a problem with such peculiar and delicate complications. For instance, teacher training has seemed a difficult and complicated matter for many very clever administrators, but how small seem the difficulties of arranging practice teaching for a normal school pupil when they are compared with the difficulties of arranging nursing practice for a pupil nurse whose practice material involves always matters of life and death and when her practice deals with work that has to go on with unbroken continuity for twenty-four hours a day and 365 days a year. Never will the matter be simple, but this very fact lays all the greater stress upon the need for clear thinking. It is very hard to keep to this straight and narrow path of clear thought and there are many danger points where we can easily get off into tangled bypaths.

The first danger to clear argument is, as Dr. Weir indicates and as we all know, the almost universal tendency to confuse the nursing school and the nursing service of a hospital. Inevitably the two overlap, and one is involved in the other, but nevertheless they are two quite distinct entities, and no clear argument can be presented unless we accord to each its own identity.

Again there is the tendency (strongly marked with us and our critics) to argue from single isolated cases; that is, to draw a general conclusion from a very small amount of particular evidence. Every one of us could point, doubtless, to one good nurse who has appeared from the poorest possible training conditions (Florence Nightingale!) and also to one very poor nurse who has appeared from exceedingly good conditions. But what do these cases prove? Nothing whatever except that the one person is very good material and the other very poor. There will always be exceptional people, unusually good and unusually poor, but our schools and their procedures cannot be planned in terms of these exceptions.

A third danger point is very common and working fearful mischief in education today. This is the tendency to feel that the value of educational

procedure will be in proportion to its quantity and complexity. It is part of the habit of thought expressed in the "bigger and better" phrase—a curious commentary upon either the weakness of our philosophy or the inadequacy of our speech. Let us hope it is the latter.

There is one more danger point of which I would speak and this at greater length. It is the tendency to argue from the analogy between nursing education and medical education. Just now I have consulted my dictionary and I find the word analogy explained as "agreement in certain respects" and "similarity without identity." Undoubtedly there is similarity and agreement in certain respects between the work of nursing schools and that of medical schools, but the differences might easily take longer to describe than the similarities, including as they do such very important matters as the type of pupil, the character of the occupation for which training is being given, the length of the course, the expectation of professional life, the size of the group being trained, the number of schools and so on. Yet much apparently weighty argument is offered with total disregard to these differences. We need to look carefully at the schools of other professional groups, and in doing so we may find a closer analogy between nursing and some of these others than between nursing and medicine.

Probably a particular illustration will serve best for further discussion of this matter. Medicine seems to have decided that training for a public health officer's work shall be a speciality that is to be added on, by means of post-graduate work, for the medical man who has already qualified as a general practitioner. Likewise all other specialising in medicine is prepared for by means of post-graduate study. Engineering, on the other hand, apparently has looked over its field, has found that its work lies in a number of associated but yet distinct branches and is asking its undergraduates to select and train for one or another of these, e.g., mining engineering, or chemical engineering or electrical engineering. Again, the teaching profession has seen a similar diversity of work and asks its student in training to select one field, e.g., elementary school work or secondary school work, and to prepare in terms of the selected branch. It remains for us to give some careful thought to nursing to see which, if any, of these procedures should serve as a pattern for our schools. In this connection certain questions must be faced. Is the hospital training in nursing a training for general practice (as the undergraduate's course in medicine) or is it in itself a highly specialised bit of training? Is the routine work of public health nursing an occupation which can be looked upon as a further specialising in hospital or private duty nursing? Or is it just one of several branches of nursing, each of which calls for its own particular content in undergraduate training?

I should like to venture a brief answer to these questions if I may be permitted a long look into the future. I think it highly probable that training for hospital nursing and training for public health nursing may separate, or rather that they will go through a stage of comparative separation, and that they will later re-assemble in the training school, but along a new line of organisation. It will be during the transition period, when the needs of each branch are receiving honest attention, that we may well hope to find the basic training of the general practitioner in nursing, one that would serve well all branches of nursing, and one to which further specialisation could be added by each at will. But the claim that we have that general practitioner's training now in the usual hospital school of nursing is one that I should not care to plead. I should lay the burden of proving the case upon those who make the claim. Let us beware, then, of arguments based upon

comparisons between nursing schools and medical schools.

From all of this it would seem that our task with regard to the nursing school outlines itself very distinctly. The Director of the Survey says that two things must be done

1. To define clearly the task of these nursing schools.

2. To find a way to work straightforwardly at this task in lieu of the circuitous and haphazard routes of the present.

To these I would add a third requirement, namely: to cease from following after false gods in the educational world.

The recommendations that we have chosen for special consideration are quoted in full on the sheets that have been distributed and will be read in connection with the papers that deal with them. The arrangement of topics you will see on the programmes. It is as follows:

1. The Superintendent of Nurses.
2. The Instructors, Nursing and Medical.
3. The Entrance Requirements.
4. The Head Nurse.
5. Hospital Facilities for Teaching.
6. The Curriculum.
7. Registration Acts.

In approaching the discussion I have one special plea to make. If I understand aright the very able man who has written the Report, the last thing in the world that he would want is that the Canadian Nurses Association should just acquiesce in a wholesale fashion in his findings and let all thinking stop there. A tremendous piece of work has been done for us, some of this because the Survey Director has expert ability outside of our field. Now our task consists in picking up the work at this stage. In the light of our special experience we may need to vary the recommendations. But Dr. Weir would be the first person to expect this. The highest compliment we can pay the writer is that, with all fairness and intelligence, we now proceed to "question and perhaps accept"; in other words, to give thought to the recommendations that so richly merit the best that we have to give.

The Superintendent of Nurses and the Instructors, Nursing and Medical

By MABEL K. HOLT, Superintendent, School for Nurses, The Montreal General Hospital, Montreal, Que.

The paper that I have to present to you this morning deals with the qualifications of the Superintendent of Nurses and her assistant the Instructor.

Dr. Weir stresses six qualifications that he considers to be the minimum requirements. I have chosen to speak of two: 1, Personal Qualifications; 2, Executive Experiences.

1. Personal Qualifications: I am deliberately passing over the educational requirements because it is so obvious that one who is chosen to be the lady principal of a training school should have, first of all, that background of knowledge and culture, without which she could hardly maintain the dignity of her position or receive the respect due to her from her associates and pupils.

I think it is helpful to familiarise oneself with the lives of those whose callings are similar to one's own, and for myself I have received the greatest inspiration from the biographies of men such as Arnold of Rugby; and women such as Dorothea Beale of Cheltenham; to note that feeling of responsibility for each individual under their care, for the forming of character as well as the giving of instruction. How much time and thought and care do we give to the weak members of our family? Is it not our first impulse to say, "She will

never make a nurse," and dismiss her and our responsibility at the same moment? Dr. Weir tells us that in his judgment it is impossible to say whether a student has the making of a good nurse until possibly the end of the first year. May I quote here from Chapter IX?

"It is ordinarily assumed that the probationary period of three or four months provides reasonable opportunity for the training school staff to estimate the probable fitness of recruits, and to decide what percentage, if any, should be rejected. It is doubtful, however, whether this assumption is a tenable one. The emotional training of the prospective nurse is probably as important as her intellectual or practical education, and it is scarcely reasonable to assume that the peculiarities of the student's personality will be adequately revealed during the brief and rather intensive probationary period."

In discussing principles of education with head mistresses of girls' schools, it always impresses me the amount of time and care bestowed upon the backward students, and those who find it hard to adjust themselves to their surroundings. Surely we should do well to follow more carefully the policy they pursue, and to realise more fully that "it is a far better thing and far more worth all effort to make the unpromising faithful than to make the promising successful."

And how are we going to achieve this? Certainly not by ourselves alone, but by the influence we exert through our staff. "If you want a thing done, do not do it yourself, should be the motto of a ruler for everyday use. Act through others, and educate them thereby to independence, and reserve your strength for things that none but a head can do." How hard it is to apply this maxim to ourselves; the feeling that our fingers should be in every pie is a great temptation to the average superintendent of nurses.

Teaching, then, should be our great opportunity; first with our staff, in regular conferences where the policy of the training school can be discussed and propounded, ideas and criticisms gladly received; and second, with the student body, as teacher of nursing history and ethics, and in meeting their representatives as members of the student council, a feeling of friendly co-operation for the good of all can be established.

2. Executive Experience: I will quote the recommendation in full: "Executive experience for at least one year—such as is obtainable in the capacity of assistant superintendent, or as supervisor of a large hospital ward." I would add here experience also as instructor of nurses.

Page 105: "Institutional positions should, in the judgment of the Survey, be considered among the choicest that the nursing profession can offer. Only high-grade, well-educated nurses should be accepted for these posts. The institutional nurse should enter the training school with matriculation standing or its equivalent. In the approved training school of the future, she will probably spend three years of intensive training, which would ordinarily be quite as exacting and educationally sound as that imparted to undergraduates in Arts. If she should spend an additional year in post-graduate study at an approved school for nurses, she would have obtained a status roughly corresponding to that of the high school teacher with the rank of specialist."

Though this paragraph that I have quoted refers to the institutional nurse, I think the recommendations could well be applied to the superintendent of nurses, who is also principal of the training school, and, as such, the head mistress, as it were. To have had the experience of an instructor of nurses is to possess an intelligent understanding and workable knowledge of the training school curriculum, with which one should sympathetically understand the pro-

blem of teaching the student nurse and at the same time nursing the patients; not fully grasped, I think, by those who have not had this responsibility with its attendant problems.

And secondly, and by no means less important, is the apprenticeship as assistant superintendent of nurses in a well organised and properly controlled training school, where methods of control and supervision, the health and social activities of the student body, careful and precise record keeping can be seen and studied.

As Dr. Weir says, "it is scarcely fair to the superintendent of nurses to demand of her both high-grade excellence in supervision and nursing practice, and specialised training in hospital cost-accounting as well. Her duties as superintendent and principal of the training school are sufficiently important and exacting to engage the whole and unremitting effort of the highest type of womanhood."

Therefore, I think our energies should be bent in organising and planning a system of education for student nurses that will keep them abreast of the times, and yet will manifest a degree of common sense that will assure a thorough training in the best sense of the term, rather than an effort to demonstrate how many hours a training school curriculum can contain.

Qualifications for the Instructors: I think almost all I said regarding the principal of the training school could be equally applied to the instructor. Here again is the necessity for the educational background previous to the professional training, and afterwards the post-graduate study at a university.

The most important staff position is that of the instructor. The student nurse comes more directly under her influence than any other. It is, then, in the choice of a teacher for one's nurses that we should make our most careful selection. With this in view, might we not select such a one while still in training, watch her development, her influence on others, her attitude towards the work as a whole; the preference being given, if possible, to one with teaching experience?

Most valuable to the prospective instructor is the time spent as ward supervisor before commencing her post-graduate work at a university to prepare her for her special work. The ward supervisor is *ipso facto* a teacher—and, as such, she should be chosen for her position. I do not feel there could be that sympathy between instructors and ward supervisors which is so essential in correlating class room teaching with ward work, unless the former has had experience in the different problems of ward administration. The wards should be considered as the practice field of the student, so that what is taught may immediately be put into practice. "To learn in the doing," therefore, the instructors should spare as much time as possible for follow-up work in the hospital. If it is the custom for probationer nurses to serve the wards in the mornings before class work commences, I think the instructor should be there giving adequate supervision at an hour when routine administration falls most heavily on the ward supervisor. It is inconceivable that any woman can do justice to her work unless she has adequate assistance and complete freedom from other duties.

May I, at the risk of boring you with personal experience, relate what routine we follow in the Montreal General Hospital? In a school of 175 students and seven or eight affiliates, we have three full-time instructors. No other duties are required of them apart from teaching, and supervising lecture and study periods, except occasional relief for an hour or so in the Training School Office. Every Saturday and Sunday are completely

free from duty, and two months each summer allowed for vacation—one only, however, on salary.

I feel in arranging this schedule that we approach more nearly the life of the average school teacher. By this means it is made possible for the instructors to have individual conferences with the students, when the difficult paths may be made smooth and problems unravelled which would otherwise be impossible with the group as a whole. This also applies to the superintendent of nurses, who should, I think, make it easy for the individual to approach her whenever the need is felt.

Before bringing my paper to a close, may I touch for a moment on the problem of providing medical instruction? Dr. Weir advises very strongly the employment of paid medical instructors. In discussing lectures given by the staff doctors he says: "Very few medical instructors, after the initial preparation of their lectures, spend more than twenty minutes in review of the subject matter before facing their classes." And again, "The difficulty, however, lies not so much in knowledge of content as in organisation and adaptation of subject matter to meet the needs of the student nurse." In other words, it is not sufficient for the nurses' needs to give them re-hashed lectures arranged for medical students, but the subject taught should be definitely related to nursing principles, with time allowed for questions and discussions.

Dr. Weir admits that a high-minded doctor will put as much time into the preparation of a lecture he gives gratis as for one he is paid for, but he has personally attended lectures which show a lack of preparation of subject matter and apparently a complete indifference to, or lack of appreciation of, the intellectual needs and capacities of individual members of the class.

It is the opinion of the Survey Report that "if certain medical instructors were paid at least ten dollars for each class period, they would probably feel more conscience-bound to give greater value to the student nurses than is sometimes the case under present conditions."

One sees the advisability of employing a regular staff of medical instructors, with consequent centralising of lectures, in order that the cost may be distributed among as many schools as possible, but for the sake of argument I would like to emphasize that when the group is large it is somewhat difficult to handle and always the personal touch is lost. Besides which, there is the added fatigue of going out of the building with a possible change of clothes; the rush and energy this necessitates militating against a receptive mind and studious attitude; especially if there is to be a return to a busy ward and all the neglected work caught up, as it were.

It has been my experience to find the medical staff most ready and willing to assist in the education of the student nurse; in fact, rather seeking for it as a favour than otherwise. No difficulty should be experienced in arranging for these lecture periods if the schedule is drawn up in good time—by this I mean before separating for the summer vacation.

It is our custom to communicate sometime in June with each doctor who is to lecture between September and Christmas, submitting an outline of his previous lectures, asking for changes, if any, and submitting date for his approval. I may say they are again notified two weeks previous to their first lecture. If for some reason the lecture has to be scratched at the last moment, then the instructor seizes this opportunity to conduct a quiz on previous lectures.

In conclusion, I would like to add that I have with me a detailed outline of our doctors' lectures, with corresponding dates, and would be most happy to show them to anyone who is interested.

The Entrance Requirements

By SISTER IGNATIUS, Superintendent, School for Nurses, St. Martha's Hospital, Antigonish, N.S.

The trend in modern nursing is towards higher education. As in all worthwhile movements, it is essential that a good basis be laid before an attempt is made to improve upon the great structure built through the centuries which represents the nursing profession. The task assigned to me should (if it is going to fulfill its purpose) point out how this can be accomplished to the best possible advantage, for we must admit that without the necessary *entrance requirements* the student who enters the school for nurses today is going to be considerably handicapped in the future, and the public will be denied what is rightly expected of her, because she is not capable of giving the most efficient service.

In constructing this firm basis, the major part of the work has been accomplished by Dr. Weir in his recommendations, which are embodied in the publication of his extensive and intensive Survey—a work for which all nurses are deeply indebted. In reference to entrance requirements, Dr. Weir recommends:

(1) "The minimum academic requirement for admission to approved nursing schools throughout Canada should be junior matriculation or its equivalent. The establishment of a matriculation for nurses is recommended." (From Chapter IX.)

(2) "Until the recommendation immediately above is put into effect the minimum academic requirements for admission to schools for nurses should be the satisfactory completion of three years of the high school course, or its equivalent, as attested by the official records of the proper educational authorities." (From Chapter IX.)

(3) "Not later than June 30, 1935, junior matriculation, or its equivalent, should be required as the minimum standard of admission to schools for nurses. High school graduation (the successful completion of a four-year high school course) should, in those provinces where the latter course is provided, be accepted as preferable to matriculation." (From Chapter X.)

(4) "Until the immediately above recommendation is effective, all candidates with less than four years' high school education, officially attested, should be given a standardised intelligence test. Candidates with I.Q.'s under a hundred should be rejected." (Chapter X.)

Considering Dr. Weir's experience in the field and the fact that these recommendations are based upon his survey, it is evident that the future progress of the nursing profession will depend to a great extent upon following these as closely as possible. I would venture to suggest that the "equivalent" of junior matriculation be clearly and definitely defined.

Like all progressive movements, the raising of academic entrance requirements will possibly meet with unfavourable comment. There are some who consider the nurse "over-educated" and who claim that her education impedes the quality of her nursing. Is this really true? Or is it the result of a spirit of conservatism which still clings to our people and which does not give them the right perspective? In either case, the only permanent cure for such a fallacy rests upon those in whose hands lies the destiny of educating the student nurse. They must prove to the world that a better educated young lady will make a better practical nurse. To this end, the main purpose of raising our educational standards cannot be too strongly or too frequently stressed; namely, the patient's welfare and the public health welfare at large. If we lose sight of this, our efforts towards higher education are ineffective and the profession of nursing will prove a colossal failure. After all is said and done, it is the practical nurse who is efficient and conscientious that counts. Service is the watchword of

the age. As in all other professions and business ventures, a good education is a splendid basis for a successful nurse.

A few vital questions may help to throw light on this subject. Does an education impede the usefulness or success of a business man? a doctor? a lawyer? a teacher? or any other? The answers to the above questions are certainly all in the negative. Is it logical, then, to assume that the work of the nurse should be impeded by education or made more perfect by the lack of it? We do not think so.

We must remember, however, that there are other requirements in addition to those which are purely academic, and they are highly important. In our laudable desire to elevate the standards of nurse education and to modernise our schools, we must not discount in the least the value of character, personality, aptitude for the work of the nurse, fitness for the profession, home training, neatness and good health. If any one of these is notably lacking in the applicant, she will never make a good nurse. "No amount of theory will compensate for a poorly prepared practical worker," says a noted educator.

If there are and have been failures in the nursing profession, may it not be because one or other of the entrance requirements mentioned here is lacking, rather than that the nurse is "over-educated," as they term it? At least a great many sins charged to the nurse's account might be eliminated if more attention were paid to these essential features of her personal *make-up* before her admission. No effort should be spared in doing so, and there should be no hesitancy in culling from our schools today those who are not desirable. It is the efficient nurse that is in demand. If the patient suffers because of any lack of attention it will offer him little comfort to know that the nurse is highly educated. Service alone counts.

Another entrance requirement that is worthy of attention is an age limit set for the applicant. The average twentieth century girl in her 'teens lacks a seriousness of purpose which does not fit her for the responsibilities of a nurse, and the best of them could afford to wait until at least they have completed their twentieth year.

To sum up, then, the entrance requirements, I would suggest: First, that the applicant's intellectual fibre be duly tested and that Dr. Weir's recommendations as to academic work be followed as closely as possible; second, that the applicant should possess the true womanly qualities that are essential in a practical nurse; third, that she be of a type who will radiate health in the sick room or wherever her services are required; fourth, that she has completed her twentieth year; and last, but not least, that she be possessed of sound judgment and common sense.

In conclusion, I wish to congratulate the Canadian Medical Association, the Canadian Nurses Association, Dr. Weir and all who co-operated with him in the great work accomplished in the recent Survey.

The Head Nurse; Hospital Facilities for Teaching; the Curriculum

By GEORGINA L. ROWAN, Superintendent, Grace Hospital, Toronto, Ont.

The Head Nurse

Pages 116-117; Recommendations 1, 2, 3, 5, 7, 8, 10

In considering these recommendations it seems necessary to analyse the duties and responsibilities of the head nurse. Her importance in the hospital scheme cannot be over-estimated. She holds one of the key positions. She interprets to her patients the purpose and spirit of the hospital. They are directly under her supervision; she knows each patient in the unit; his ailments, both mental and physical, and his needs. She learns of his financial worries, of his family and social relationships and their bearing on his illness and hope of recovery. In short, her knowledge, next to that of the family physician, should be of the greatest value in the treatment of the individual patient.

1. Her first care, then, is the welfare of each patient in her unit: she is responsible for seeing that he receives the best possible care.

2. She has next a definite duty towards each nurse under her, especially each student nurse. She must outline the daily care of each patient, and the daily work of each nurse. She and the instructor of nurses should work together, to secure for the student nurses the proper teaching of every available item of clinical value occurring in the ward or unit.

She is expected to judge the quality of each student's work and give a written report of it.

3. She should retain all those duties that bring her in close contact with the doctors. She should, when possible, see daily every doctor who visits her unit.

4. She is responsible for the records of the patients. As these records are permanent and may be later used for various purposes (as legal research, etc.), over a long period of time, this is an important piece of work. She must spend some time in supervising those who perform it, if she does not actually do part of the work herself.

5. The head nurse is responsible for the ordering and distribution of the various supplies used and for the general care of her equipment. On her depends to a large degree the economic functioning of her unit.

6. Often the head nurse has some responsibility for the house-keeping of her own department, co-operating with the housekeeper and the dietitian.

From this analysis it is clear that the head nurse has only a limited time to devote to teaching nurses. But because of her wealth of knowledge of the individual patients and their diseases, what she has to contribute is of the utmost value, because it cannot be secured from any other person. She is the one who can best teach the student the nursing of "the patient as a whole," that much-desired and much-needed lesson.

The importance of recommendation No. 2 is apparent, especially as it is hoped that in future all student nurses will have similar educational standing before entrance.

Regarding No. 3, the experience gained in some branch outside the hospital field will enable the head nurse to understand the future needs of the students whom she is teaching.

In selecting women for these positions, there is need to choose nurses competent to teach some branch of

their profession, as well as to efficiently administer their departments.

Recommendations 7 and 8 need scarcely be enlarged upon here, except to stress the need for additional post-graduate courses in Canada, especially as fewer opportunities are offered in the hospitals of the United States than formerly.

Referring to recommendation 10, the majority of the institutional nurses replying to Dr. Weir's questions felt that more, and better taught, theory should be added to the nursing course. They believed that such an improvement would have increased their own efficiency.

Referring to recommendation 8, the institutional nurses agreed (page 105) on the need for more study and recreation in their work. "They, with their nerve-racking responsibilities, need more time for enjoyment, and contact with the world that is not sick." But often at night, the nurse is too utterly weary to engage in study, and there is great danger of becoming narrow.

The Director considers that it is not humanly possible, according to the best medical and nursing evidence, to give continuously the highest quality of service unless the eight-hour day is adopted for institutional nurses.

To go back to recommendation No. 1, the question of salary is, of course, one of economics. But many of the outstanding nurses in the institutional field today consider the position of head nurse the most desirable of all, probably because it allows them to deal directly with the patient.

Hospital Facilities for Teaching

Page 299; Recommendations 1, 2, 3, 4.

Recommendation 1: Throughout the whole volume, Dr. Weir reiterates this recommendation. Few improvements can be universally adopted until this minimum is established, and to conduct a school which can offer a well-balanced course, as outlined in recommendation 3, with sufficient staff for teaching, and affiliation to cover the special departments lacking in a small hospital, is a highly expensive procedure. If hospital boards could be informed and persuaded regarding the needs of the present-day nursing course they would, in many cases, realise that the expense involved is greater than the cost of staffing the institution with graduate nurses and adequate domestic helpers.

By closing these smallest schools, a reduction of 13 per cent. in the number of nurses graduated annually would be made.

The Curriculum

Pages 377-8; Recommendations 1, 2, 4, 5, 12.

In introducing the subject of the curriculum, the Director of the Survey points out that one of the major aims of education is the modification of the individual's conduct. Unless education leads to the "emergence of appropriate conduct in life's situations" it can be only partially effective.

He stresses (page 353) the importance of

(1) the selection of student personnel;

(2) the quality of instruction—good teachers and methods necessary;

(3) adequate facilities and teaching equipment.

He further points out that any curriculum is only a means to an end and must be subject to a process of continuous adjustment to meet constantly changing conditions—such as new scientific discoveries and the development of new social needs.

The Director states clearly that a standard curriculum cannot be pre-

pared which will be of general value until

(1) the schools connected with hospitals of less than 75 beds (exclusive of bassinets), and a daily average of 50, be refused approval;

(2) some educational standard of entrance be adopted, such as matriculation.

Recommendation 1: This needs little comment. The time is all too short now to cover the ground, including the specialties. Then, too, a certain number of the young women who may pass the earlier tests are found wanting when they reach more advanced work and are unable to take responsibility. More incompetent nurses would be graduated if the course were shortened.

Recommendation 2 has been referred to above.

Recommendation 4: The Director condemns the practice of crowding into the preliminary course, lectures that properly belong to the time when the nurse is having ward experience in that particular subject. Would it not be possible to introduce into the probationary months a course in English? Much criticism has been quoted throughout the Report regarding the lack of knowledge of English grammar and spelling. What other institutions, called by the name of schools, neglect to teach this most important subject?

The Director suggests a course on Elementary Rural and Urban Sociology, centering about the family unit. This could very well be given in the early months. In many schools instruction in public health nursing is not given until the third year, when the student is more able to give and therefore receive benefit from the experience, but some early instruction by a teacher of public health would assist the young student to better understand the patients on the ward.

Recommendation 5: (a) Probably few members of the Canadian Nurses Association will dispute this section. Dr. Weir's suggestion (page 447) of having paid full-time medical instructors, young doctors with pedagogical training and teaching experience, who would teach as well as lecture, should be considered as a future possibility. Too large classes (as 100) should be avoided.

(b) There is no doubt that since the advent of the highly specialised dietitian, nurses have evaded responsibility in this branch, and the young graduate leaves the school with a very superficial knowledge of, and not much interest in, the preparation and planning of diets. English nurses have spoken of this tendency in the schools of Canada and the United States. Therefore it would seem that a determined effort must be made to regain the old-time interest in foods. Certainly, when nurses go into homes or into the public health field there is need for knowledge and skill in preparing diets, and the ability to give the necessary instruction to the public.

(c) In some provinces courses have already been arranged in Mental Hygiene. There is need for development of such teaching.

Paragraphs (d), (e), (f) are fully discussed in this chapter.

On page 369, Dr. Weir refers to the system of transferring the students from one ward to another of the same type. Such aimless migrating should be avoided. The student should have time to observe the patients throughout their hospital stay, and learn something of the end results.

On page 272, the necessity is stressed of developing among all the graduate staff nurses a sense of their personal responsibility for the success of the training school. Only in this manner can an effective institutional *esprit de corps* be developed: and without this spirit, resembling the so-called college spirit, the success of the school can never be really complete.

The Approved School for Nurses

Resolutions adopted by the Canadian Nurses Association in General Meeting, 1932, following discussion of recommendations submitted after presentation of papers dealing with The Approved School for Nurses, The Report of the Survey of Nursing Education in Canada:

1. The Canadian Nurses Association goes on record as approving and taking such action as is possible to ensure that:

(a) An approved school must be equipped and staffed to give satisfactory instruction in the five major departments; namely, Medicine, Surgery, Obstetrics, Pædiatrics and Communicable Diseases;

(b) An approved school should immediately set junior matriculation, or graduation from a special high school course prepared for nurses, as its entrance standard;

(c) Not later than June 30th, 1935, all approved schools should set junior matriculation, or graduation from high school, or graduation from a special high school course prepared for nurses, as the entrance standard;

(d) All students in approved schools be at least 19 years of age;

(e) All students in approved schools shall have a yearly physical examination;

(f) In all approved schools the eight-hour day should obtain, including class hours if possible;

(g) In approved schools, the plan which Dr. Weir outlines for a nursing internship shall be put into effect;

(h) Approved schools give preference to the special high school course for nurses when this is established.

2. Steps be taken to bring nursing education into the general educational scheme of the province.

3. The standard should be raised for nurse registration examinations and that these examinations be held in fewer centres.

4. The importance of teaching the principles of health work throughout the entire course and the value of experience in some phase of public health work during the student's training shall be stressed.

5. In order the experience in the small hospital, which is undoubtedly of value to the nurse in fulfilling her responsibilities to the community after she graduates, may not be lost, it is recommended that a comprehensive plan be formulated whereby such opportunities may be adequately utilised in post-graduate work and through a system of interchange of nurses within the Dominion of Canada.

6. The Executive Committee of the Canadian Nurses Association be requested to present to the members in general session in Saint John, 1932, the desirability of planning a measure whereby the Provincial Registered Nurses' Associations might confer through specially selected representatives on the subject of Law Amendments, in the hope that all such might provide for more uniform demands; and also that provision for national registration be considered before the next general meeting of the Association in 1934.

MATERNITY INSTITUTE

At the General Meeting, Canadian Nurses Association, 1932, an announcement regarding the Maternity Institute, conducted by the National Office of the Victorian Order of Nurses for Canada, was made by the Central Supervisor, Miss Ethel Cryderman.

It was explained that the object of the Institute is to afford an opportunity for groups of nurses, including representatives from all branches of nursing, to study under leadership the present maternal welfare situation and to consider how to improve the character and the quality of their services as nurses in this particular field.

The Institute extends over a period of two days, and consists of a series of lectures, round table conferences, exhibits, demonstrations and general discussions. In two of the sessions representatives from the medical profession participate, and one session is devoted to the nutrition of pregnancy.

Institutes can be sponsored by nursing organisations, local or provincial health departments, or can be arranged for by university extension departments. They can be given in any part of Canada, provided there is a registration of at least fifteen nurses. Where the enrolment exceeds forty, two institutes will be given. The registration fee is three dollars, and the group requesting an institute is responsible for local arrangements.

The International Council of Nurses

A preliminary outline of the programme for the Congress, International Council of Nurses, July 10th to 15th, 1933, announces that the Board of Directors will meet July 4th to 6th, and the Grand Council, July 7th and 8th.

Sessions of the Congress are scheduled to be held in Paris, July 10th to 12th, and in Brussels, July 14th and 15th; Thursday, July 13th, will be spent in travelling from Paris to Brussels, with interesting sightseeing and visits on the way.

The President of the Council is Mlle. Chaptal, President of the National Association of Trained Nurses of France.

Many professional subjects are included in the programme, and a large number of nurses are expected to take part in the discussions. Topics chosen for general sessions are:

International Co-operation and the Nurse.
The Health Organisation of the League of Nations.
Inspection of Schools of Nursing by Nurses.
The Influence of Medical Research on Nursing Service.

The outline for Section Meetings includes:

Aptitude Tests and Admission Standards to Schools of Nursing.
The Preliminary Course.
The Basic Course of Training.
Supply and Demand.
State Supervision of Nursing.
The Legal Aspects of Professional Conduct.
Private Duty Nursing:
(1) Hourly Nursing; (2) Schemes for Supervision and Regular Allowances for Private Duty Nurses.
Public Health Nursing and Social Work.
Mental Nursing and Hygiene.
Industrial Nursing.
School Nursing.
Hospital Nursing.
Rural Nursing.
Nursing in Colonies.
New Developments in Nursing.
Summary of the Findings in Recent Nursing Surveys.
Insurance Schemes for Nurses.
Nurses as Secretarial Officers and Professional Journalists.
How to Stimulate the Interest of the Public in Nursing.

Nursing Technique in Communicable Diseases and Nursing Procedures will be demonstrated on three occasions.

The reception of newly affiliated national associations is an attractive and colourful ceremony. Mrs. Bedford Fenwick, Founder of the International Council of Nurses and President of the National Council of Nurses of Great Britain, will preside at the reception session.

To be admitted to take part in the Congress a Canadian nurse must be approved by the Canadian Nurses Association; that is, she must be a member in good standing in one of the nine provincial associations of registered nurses.

The Canadian Nurses Association has placed all arrangements for transportation of its members to the Congress with Thos. Cook & Son.

While steamship rates have never been so low as now, it is impossible to predict that they will remain the same for any length of time. The present rates from Montreal or Quebec to Cherbourg, returning from a British port to Quebec or Montreal, are:

First Class	$296.00
Cabin Class	231.00
Tourist Class	165.00
Third Class	123.00

A special Canadian party will sail from a Canadian port. However, individual members who may find it necessary to sail at an earlier date will be accorded that privilege.

The present low steamship fares, reduced travel rates in Europe and also reduced cost of hotel accommodation provide excellent opportunity for nurses to attend the Congress.

At present there is in preparation several special itineraries, which will include the period of the Congress as well as other interesting European cities, particularly those that appeal to nurses. These itineraries and other information as available will be published in the next issue of the *Journal.*

VISCOUNT KNUTSFORD

"In Black and White"

To be resourceful is a great asset for a nurse, and I remember one—I have lost sight of her now—who ought to have gone far on that account. She has, however, never nursed me! A group of our nurses were up for their "Pass" and "Honours" examination and, as usual, two beds were provided, each with its "patient," a small convalescent boy from one of the wards, for the purposes of practical demonstration, bandaging, splint fitting, and so on. The examiner went up to one bed and told the candidate that she was to imagine that the patient had had an accident and had been brought in with a fractured base—what would she do? She was nervous and could not collect her thoughts, so the examiner, very kindly, wishing to give her every chance, left her and went off to the other bed to start another candidate. He came back to find the patient stiff and still, eyes closed and the hands folded decorously across the breast.

"Good heavens! Fractured bases don't all die."

"This one did," replied the candidate firmly.

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Department of Nursing Education

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CHAIRMAN'S ADDRESS

By GRACE M. FAIRLEY, Vancouver, B.C.

To the members of the Nursing Education Section:

I think you will agree with me that when we adjourned two years ago we had little idea how full our future programme was going to be. As in these two short sessions we have a great deal of business to cover and plans to lay for the guidance of both incoming executive and individual members, my remarks are going to be very brief.

The Secretary's report will cover the activities of the past two years, and it is for you who are present to give the greatest help you can in laying the foundation of our future policy and teaching programme. You can best do this by contributing to the discussion and expressing your views freely.

Our responsibilities to the profession are great—so great that to some of we older members it would seem that we are not likely to see all our plans fulfilled, but if we do nothing more than give our sincerest thought and advice and keep our minds unbiased, I have no fear that the results will not be sound.

Therefore I ask for your co-operation during these sessions and your pledge to help by individual effort until you are satisfied that our system of education is satisfactory.

The next two years will be very important ones in the history of our profession, and the Nursing Education Sections, both provincial and national, must of necessity be very active; but the individual members must take their share. Our problems are common ones, and it is in the solution of these common problems that our duty lies.

(Nursing Education Section, Canadian Nurses Association General Meeting, June 24, 1932.)

THE GENERAL DUTY NURSE

An excerpt from discussion on The Curriculum in Canadian Schools of Nursing and Readjustment in the Education Programme:

" . . . There is one group in the hospital field that has grown very rapidly since our last meeting, and one which I feel requires to be included in our teaching programme, and if time will permit I should like to consider what we can do to develop that ever-growing body of General Duty Nurses. They do not, as far as I know, enter into staff conferences, and yet is it not from this group that we hope to see the head nurse of the future develop?

Some of you may have worked out some plan; if so, I hope you will tell us of it. Probably you have read Miss Effie Taylor's most interesting article on "Good Nursing Service Defined and Explained," in which she says "the hospital is the training centre in which present *and* future nurses receive their education. In order to maintain a good nursing service every nurse *must* continue to be a student." It is my belief in that theory and in the need of our hospitals offering study facilities for every nurse that urges me to make a plea for the young general duty nurse.

I hope, therefore, you will give all the help you can in the nature of free discussion of the curriculum and the changes that are necessary to make the graduate of the future ready to meet responsibilities.

GRACE M. FAIRLEY.

A Discussion of the Survey Report from the Educational Angle

By Miss MARION LINDEBURGH, Assistant to the Director, School for Graduate Nurses, McGill University, Montreal.

The whole problem of nursing education in the undergraduate school can be discussed under two main headings, administration and teaching. In that the programme of this convention has already provided so adequately for the discussion of many aspects relating to these two major functions, and particularly of administrative nature, this paper will be more strictly confined to a discussion of educational requirements of a professional nursing school, as formulated in the Survey Report.

The concept of an "Approved Nursing School" has received due consideration on the programme. In terms of logical sequence this topic was assigned the rightful place, as the initial consideration of the requirements of a professional nursing school. The starting point in the possible solution of the problem of nursing education is in the set-up of an institution with adequate clinical and teaching facilities, through which the education of the student can be made possible. This consideration is of such initial importance that in its practical application it demands an analysis of every school in Canada, and there is no possible question as to the advisability of adopting a procedure for the discontinuance of existing schools which cannot measure up to a set and recognised standard. This can only be accomplished by a rigid and intelligent method of inspection. Dr. Weir suggests that the person provincially appointed to undertake this analysis should not only have an understanding of the principles of administration, but should have an appreciation of the fundamentals of education, as applied to the requirements of a professional nursing school.

(Read at the Nursing Education Section, Canadian Nurses Association General Meeting, June 24th, 1932.)

While we recognise the very valuable and necessary function of the small hospital in the small or scattered community, it does not follow that every hospital is justified in conducting a nursing school. Setting an educational standard for the establishment of nursing schools will be of immeasurable value in correcting our present serious situation—in decreasing the number of nursing schools and candidates admitted each year, thus allowing for the assimilation of graduates into the smaller hospitals, and in improving the quality of professional nursing service, the function for which we exist.

A school of nursing should primarily exist for the education of the student nurse and not to supply nursing service for the hospital. In this statement we are not minimising nor losing sight of the objective for which the graduate nurse exists; namely, the efficient care of her patient, or professional service in the community. But the student must first be educated, and it is obvious that under the present system her education is sacrificed in meeting the demand of student nursing service within the hospital institution. Dr. Weir criticises severely the policy of nursing education in return for student nursing service. He predicts that the professional nursing school of the future will be an institution whose educational standards will be provincially approved, and that they will be maintained on the same basis as are the provincial normal schools. The public *must* be educated to their responsibility in the education of nurses, just as they have recognised for some time their responsibility in the education of teachers.

Under such control the criterion for determining the annual quota of students entering schools of nursing will be in terms of the need for graduate

service in the community rather than to meet the demands of hospitals for student nursing service, which has resulted in the present critical situation of over-production. We have only to note the nature of the control which is being exercised in the teaching profession to realise how haphazard and dangerous is our present system. Some systematic method of curtailment of nursing school candidates should be immediately adopted.

The second consideration which follows in logical order is: who shall enter this "approved training school?" The question of entrance requirements—of intelligence, health and personality—has been carefully considered. One cannot pass over this important issue, however, without endorsing the statement that schools of nursing can never receive full professional recognition until there is a recognised educational level for the admission of students. There must be a recognised academic basis upon which to build the professional curriculum. The teaching profession is many years ahead of us in its attempt to define definite levels of qualification. A student entering a normal school with full high school standing receives, upon graduation, a *first class* professional diploma and in their professional service in the schools they are rated accordingly.

In contrast we realise we have a long way to go in this respect. At the present time an "R.N." carries with it little professional significance. As shown by statistical figures in the Report, it means anything from a grade VI, with training in an inadequate school, to junior matriculation or university credits and training in a school offering ample facilities for professional education. This heterogeneous mass is permitted to enter the graduate nursing field, in many cases not because of adequate education, but through the "open sieve" character of the R.N. examinations. Unfortunately for us, the public estimates the status of the nursing profession by the type and qualifications of individual members with whom it comes in contact, and the sum total of such judgments cannot be placed on the credit side of our account.

A third consideration in the set-up of a professional school is provision for an adequate educational programme. This implies "curriculum construction," and this essential has been most purposefully discussed in its many aspects. The concept of the term "curriculum" in modern educational theory suggests much more than just subjects to be taught. It includes all activities which contribute to the personal, social and professional development of the individual. A professional curriculum must be broad in its concept, recognising the student not only as a potential professional worker, but as an individual member of society who should be privileged to develop her own particular personal and social interests. The oversight of this objective is one of our traditional defects. Until recently a nurse was supposed to be a nurse in spirit and in service, twenty-four hours of the day, but such an attitude cannot be accepted in this modern democratic age. As cited in the Lancet Commission Report, this attitude is the chief reason why nursing is distasteful to the modern, educated girl, and it constitutes one of the chief difficulties in securing suitable candidates in many of the nursing schools in England today. If nursing is to compete successfully with other professions, it must provide for personal and social liberty.

In the provision for adequate content of any professional curriculum there are many well recognised and modern theories to be considered. Every profession should be considered not only as an *art* but as a *science*. In the evolutionary development of nursing education, during apprenticeship, stress was laid on the skill aspect, with little or no consid-

eration for the provision of scientific knowledge through which practice could be made intelligent. Gradually, through the institution of the classroom and the introduction of scientific knowledge, nursing was raised from the level of technical training to the lower levels of education. Florence Nightingale clearly saw nursing as an education rather than a training, and still farther, she saw the nurse as a health educator—a concept which today constitutes one of our modern curriculum objectives, but which has as yet only been partially realised. Since Florence Nightingale's time, nursing schools have been struggling, in the face of hospital obligations, to improve the scope and quality of the knowledge content of their curricula. The large proportion of practice, in relation to theory, which still characterises nursing school curricula is considered in the light of modern educational theories, as pointed out by Dr. Weir, to be an educational weakness—the knowledge content still needs strengthening. Unless some adjustment can be made in the hospital nursing school to strike a better balance between nursing education and student nursing service, a satisfactory professional curriculum content may not be possible until the nursing school becomes an independent institution.

Provision for knowledge and skills have long been recognised as fundamental to any professional programme. A *third* objective is coming into increasing recognition. The curriculum must provide for the development of professional ideas and attitudes which are fundamental to successful professional service. It is not enough that a nurse has a scientific understanding, and that she can nurse her patient skilfully, but she must have the right attitudes in all her professional relationships. Professor Bagley in one of his books, "The Educative Process," states that the development of ideals and attitudes constitutes the chief work in education. Attitudes are not developed by teaching them as such. They are a concomitant product of every learning experience: that is, with every intellectual response there is an accompanying emotional reaction. Likes and dislikes, and all the personality qualities, are built up in connection with every nursing activity. Because of this uncontrollable phenomenon within the student, it is of vital importance that the physical and intellectual environment to which the student is subjected should afford the most favourable stimulation. As Professor Bagley points out, it is the emotional spirit of the instruction which counts, and because of this belief, more and more emphasis is being placed on the personality elements in the selection of teachers. A curriculum remains a static thing until it is vitalised and humanised through the personality of an inspiring teacher. Is it not true that each one of us is indebted to a very great extent to some good teacher whose personality inspired the best in us? It was not the subject matter which was taught—that we have forgotten long ago!

A *fourth* basic factor in the educational requirements of a professional nursing school relates to the quality of the teaching personnel and the character of the teaching function. In all professions those who are shaping and directing the educational policies require the highest qualifications for professional leadership. This particularly applies to nursing at the present time, when the profession is being subjected to searching analysis. The head of a nursing school carries a wider responsibility than does the principal of any other professional school. Not only is she charged with the educational administration of the nursing school, but she is also responsible for the administration of the hospital nursing service. Directors of nursing schools today who are alive to this serious responsibility and who are aware of the growing educational needs of students, are demanding

whenever possible for their assistants, nurses with special graduate qualifications.

Dr. Weir points out the educational weakness of any professional school conducted by a teaching personnel who are not professionally qualified. He draws an analogy from the teaching profession, and states that if we hope to bring nursing schools to a recognised professional level we must accept the fact that teachers in schools of nursing must have special preparation in educational theory and practice, as is provided in normal schools for the professional preparation of public and high school teachers. The classroom teacher in schools of nursing today carries a heavy responsibility, not only in the number of subjects which she has to teach, but in the majority of situations she is largely responsible for the general organisation and function of the curriculum throughout the year. Dr. Weir again points out the educational weakness in situations where the whole teaching load is carried by one person; that is, no one teacher in any professional school could possibly be expert in the teaching of all subjects, and even if she were, she could not teach so many subjects efficiently. Normal schools have developed to the stage where there is a specialist, if not for each subject, for a group of correlated subjects.

Much is being said in relation to the place and function of supervision in education. Professor Burton, who is a recognised educational authority, in his book, "The Supervision of Instruction," defines most fully the scope and character of supervision in academic and professional education. In nursing education, the most fruitful and purposeful learning experiences are acquired on the wards, where the student comes in actual contact with her patient. These clinical experiences should be as carefully assigned, supervised, evaluated and recorded as are the classroom activities. Because of this growing appreciation of the importance of properly assigned and supervised clinical experiences, more attention is being paid to the adequate preparation of clinical supervisors. The head nurse is regarded as a clinical teacher, but because of her heavy administrative responsibilities she is unable to do all the clinical teaching. Consequently, the function of the modern supervisor is becoming largely one of teaching. The widening conception of nursing, with its increasing emphasis on social and public health aspects, the mental as well as the physical; its inclusion of prevention and health teaching; the increase of medical research, necessitating the institution of new nursing activities, demands that the preparation of the clinical supervisor should not only prepare her for her administrative function, but also for her wide range of teaching responsibilities. A school of nursing properly staffed with qualified teaching personnel has secured for itself the assurance that its classroom and clinical facilities are being fully utilised and that the students are being taught by recognised scientific methods.

The Survey Report lays particular emphasis on "education method" in the teaching function. Perhaps one of the most drastic criticisms of the educational system in schools of nursing which Dr. Weir makes is that relating to the function of teaching. He frankly states that in some nursing schools in Canada the teaching is of such poor quality that any educational achievement on the part of the student is acquired in spite of the teaching and not because of any purposeful guidance which the student receives. Some of the pictures which are presented of classroom situations suggest procedures which functioned in schools twenty or thirty years ago, before the introduction of the more modern teaching method. Educational research in the last ten years has opened up a new field of educational psychology and has established en-

tirely new theories upon which to base the technique of teaching. Experimental studies of the human organism have made it possible to determine, through educational measurements, the physical, mental and emotional differences of students, with sufficient accuracy to prove that teaching is a scientific process of specific and individual treatment. The two necessary factors in the teaching and learning process are a skilful teacher and a receptive student—and the curriculum is a means whereby the students grow.

Educational psychology has proved that "self-activity" on the part of the student is the basic factor in learning. Students must be encouraged to think for themselves rather than to accept passively the presentation by the teacher. Teaching means guidance, in the development of the student's mental growth, through definite psychological appeals rather than the more logical presentation of subject matter. Professor Bode, in his book, "Conflicting Psychologies of Learning," discusses the place and value of the psychological factors in the function of teaching. Professor Kilpatrick is an outstanding figure in his contributions to the field of modern educational theory and practice. He advocates stimulating and utilising the student's individual interests and making learning a "problem-solving" activity.

The study of the history of education shows that the acceptance of this scientific outlook toward teaching and learning has been a slow process. The older theory of instruction has been so ingrained in our school systems that there still remains much of its teaching practice, and in this respect nursing schools are particularly guilty. It is this defect which Dr. Weir projects when he says that students are "lectured at" rather than "taught." Dr. Weir observed seventy-five lessons in different schools of nursing, and upon these he based his judgments. As a critic-teacher, Dr. Weir always has been credited with great diagnostic ability, so we are forced to accept his frank and rather scathing comments. As one reviews these criticisms, it would seem that there are at least two main reasons for so much weakness in the technique of teaching in nursing schools. Firstly, until recently courses have not been available for the preparation of nurses for teaching in schools of nursing. Until principals of nursing schools demand teachers with professional qualifications we cannot expect efficiency equal to that of a qualified teacher who has a scientific appreciation of modern educational theory and method. In making this statement we are not forgetting the splendid work that has been done, and that is still being done, by teachers in schools of nursing who have not had special preparation. Secondly, the classroom teacher is struggling against time. She is confronted with the different courses to be covered in a limited period. This time allotment does not permit of thought-provoking questions nor for reflective thinking on the part of the students. The teacher must resort to the most expedient method of interpreting her subject, namely, the "telling" or the lecture method. This criticism has special application to the limited period allowed for the efficient teaching of nursing theory and practice. It is the major subject in the curriculum; it is the pivot around which all other subjects revolve, and to which all others are subordinate. To those who are concerned with curriculum organisation, there are two considerations of pedagogical importance to be kept in mind: (1) the careful evaluation and selection within the course of what is to be considered as essential subject matter, (2) adequate provision of time for efficient teaching.

Dr. Weir lays special emphasis on "student participation" in learning and criticises the preponderance of the lecture method which characterised the teaching he observed. He

presents a unique exposition of the values of case study method in teaching. The case study method is being universally adopted in professional schools as a method which affords the most purposeful learning. It is a recognised method of education in law, medicine and social service work, and it is becoming recognised in schools of nursing. It has many advantages as a method of effective teaching. The case study method provides a situation which stimulates the student's interest, develops her powers of observation and scientific thinking, and closely correlates theory and practice. It develops a sympathetic relationship between student and patient, in which the student sees the patient not as a pathological hospital case, but as a member of society who is entitled to health and happiness; that is, it helps to develop the social and public health point of view in nursing. It is defined as a method which puts real life into education, as well as real education into the student's life. The possibilities of the case study method are well recognised in education today, and should be adopted in all schools of nursing as a method of clinical teaching. There are, however, several difficulties to be overcome in our present system of nursing education before this method can function successfully. The case method of teaching can only be successful in the hands of skilful teachers and when undertaken by students with at least normal intelligence.

In conclusion, it might be stated that a résumé of Dr. Weir's recommendations affecting the educational status of nursing schools will reveal the fact that these recommendations relate not only to the educational facilities which should be made possible through public recognition and support, but that they refer particularly to the professional qualifications of the teaching personnel within the school, upon whose direction will depend the whole character and quality of the educational programme.

MISS NORA NAGLE RETURNS TO CANADA

An appointment of interest to Canadian nurses is that of Miss Nora Nagle to the staff of the nursing department at the University of Toronto. Miss Nagle, who is already well known to many of our readers, comes to her new work with very high qualifications; training and experience both at home and abroad have combined to produce a depth of understanding and judgment that are greatly needed by our nursing schools in these difficult days. Miss Nagle received her early training in nursing at the Royal Victoria Hospital, Montreal, and subsequently has held positions on the staff of several hospitals, including Mt. Sinai Hospital, New York; Hamilton General Hospital; Evanston Hospital, Evanston, Illinois, and the Ottawa Civic Hospital. To this she has added post-graduate study at Teachers College, obtaining there the B.Sc. degree in Columbia University, New York City, 1928, and M.A. in 1930. During the years 1928-1931 she was on the staff at International House, New York, serving as Health Advisor.

Miss Nagle's appointment foreshadows the expected reorganisation of the courses in nursing at the University of Toronto. The work there has outgrown its present resources and the present form of organisation, therefore plans are now under way for developments which will come into effect in 1933.

We offer a very warm welcome to Miss Nagle as she returns to her own country after several years of sojourning abroad.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

Group and Hourly Nursing

By MARY HALL CAVANAGH, Victoria, B.C.

The nursing profession today, like every other occupation, is faced with the problem of over-production. We have in the past turned our nurses like machinery from training schools all over Canada, irrespective of their being suited for the profession or not.

In order to eliminate this barrier, we must concentrate on the needs of the working classes, who, after all, are the back-bone of the country. In the past, the nursing profession has been kept active to a great extent by the monied classes. During the past three years the whole world has experienced perhaps the greatest financial crisis in history, and the nursing profession is faced today with the problem of finding work for the graduate.

At the present time the nursing profession has one class of nursing—that of individual specialling for those who want the exclusive attention of the graduate, but the present-day conditions warrant at least three classes of nursing.

First: Individual specialling.

Second: Group Nursing, the only possible means of eliminating the unemployment among our graduates. Group Nursing, to my mind, is one of the most human and sane ideas we have entertained. It will be of considerable benefit to the working classes. A patient will consider dividing the graduate's time with another patient and willingly pay the sum of $2.50 a day. Whereas the sum of $5.00 would be entirely out of his means.

Nurses, I feel sure, would be much happier in their work attending to two or three patients instead of one. In many cases of individual specialling the graduate's valuable time and knowledge are lost.

Another feature of Group Nursing would be the special attention the graduate would give to the nourishment and meals for her patients: this, to my mind, is a very important feature, as in many cases the nurse in training has not received her dietetic training, nor has she, in many cases, the time to prepare a tempting dish for the patient when he so desires it.

Third: Hourly Nursing. I also favour Hourly Nursing. There are many chronic individuals in homes who really do not need the entire time of the graduate nor that of the practical nurse, but would gladly welcome the idea of the hourly nurse, who would come in, give the patient any treatment the attending physician prescribes, sponge bath, change of linen, once or twice a week or as often as the patient so desires.

Registration of Nurses

Under the new proposed system of nursing it would be advisable to have three distinct grades of nursing:

1. Individual specialling.
2. Group Nursing.
3. Hourly Nursing.

(Papers read at the Private Duty Nursing Section, Canadian Nurses Association General Meeting, June 23, 1932.)

This system should not in any way interfere with the present form of registration: I mean from the point of view of the registrar. The registrar will have the nurses listed under the proposed classifications, so that when a nurse registers for duty she simply states what she wants—either any of the three groups or just one. The question might arise as to whether or not it would be advisable for the hospitals to be responsible for the calling of nurses for group nursing.

The question has arisen as to the building of hospitals to meet the requirements of the proposed system of group nursing. To my mind, the idea is impracticable. A nurse can give unlimited attention to two or three patients each in separate rooms, but discretion must be used as to the condition of patients. In a case where patients are quite ill, the "group nurse" should not be responsible for more than two patients. Also, I would not advise more than two maternity cases at a time for the "group nurse."

I feel that "Hourly and Group Nursing" will become most popular from a public point of view, also from that of the graduate. I can see no barrier in the way of success for the nursing profession under the proposed systems, but in order to attain success the entire medical profession must enter into it whole-heartedly. After all, it is greatly to the benefit of surgeons and physicians, and a happier public spirit toward our institutions will be realised.

Group Nursing

By CHRISTINA TODD FOSS, Winnipeg, Man.

Group Nursing was introduced into the Winnipeg General Hospital in October, 1929, on a women's semi-private flat, devoted to surgical cases only. Upon admission to hospital the patient or relative interested was given an explanatory circular. The supervisor of this floor was made responsible for the operation of the plan, under the direction of the superintendent of nurses and the superintendent of the hospital.

The reason for the experiment was two-fold: to benefit (1) the patient, (2) the private duty nurse. The patient benefits by having the opportunity to secure experienced care on a part-time basis at less than half the cost of employing a day and night private nurse. The nurses benefit by obtaining steady employment with an assured income.

The plan was begun and is still operated under the following arrangements: There is a unit of four patients and three graduate nurses. Each day nurse is responsible for two patients, and one night nurse responsible for the four. The patient's fee for this twenty-four-hour service is $5.00 per day, in addition to the ward charge, with no extra charge for nurses' meals and payment made directly to the hospital. The patient is free to go off "Group Nursing" service at the end of any twenty-four hours. If the patient's condition is such that the continuous presence of a nurse is required, the floor supervisor has the privilege of suggesting to the doctor or relatives that the patient is too ill for group nursing, and in all probability a special nurse will be arranged for that case. When

the patient feels well enough to do without "Group Nursing" she is put under care of general floor duty.

The nurses are employed and paid by the hospital and have to be experienced. The salary is $95.00 per month. Hours are from 7 to 7, and nurses are on duty eight and one-half hours a day (exclusive of meal hours and two hours' rest), and have two weeks' night duty alternating with four weeks' day duty. A half day a week off duty is allowed. During one nurse's time off the other nurse takes charge of the four patients. At nights the "group nurse" chooses the quietest period of rest hours, leaving the floor nurse in charge, under the direction of the night superintendent. A month's vacation with salary is given at the end of a year, providing the nurse intends to continue the work. The group nurses are considered part of the nursing staff of the hospital and enjoy its privileges, with the exception of living in residence.

Upon occasion a substitute may be obtained if approved by the hospital and paid by the nurse.

Group nurses are required to assist on the floor when not fully occupied with "group patients," and as sometimes it happens there are no patients under this plan, the group nurses may be sent to any other part of the hospital in need of help.

The above plan, with a few minor changes, has continued in operation at the Winnipeg General Hospital for two and a half years, and is becoming increasingly popular among the patients. Apparently, financially it is just paying its way. The nurses employed are glad of steady work, and while, of course, it does to some extent take cases away from special nurses, it gives experienced care to patients who simply could not pay the higher rates of private nurses, and more continuous employment to those taking part in group nursing. As a means of affording better distribution of employment during the present depression, one of the appointments to this service is of a temporary nature, the nurse changing every two months.

For its success a good deal of credit is due to the foresight of the Superintendent and the co-operation on the floor between the group nurses and the supervisor. And speaking from two years' experience as one of the first group nurses, I see no reason why the plan should not continue in popularity and financial independence.

"The principles of Miss Nightingal's teaching are as true today as when she advanced them seventy years ago, because they are the fundamental laws of health. The great nations of the future will be the people who love knowledge—no ignorant nation will stand in the fierce economic struggle. Let us therefore adopt an educational scheme to make more efficient the trained nurse, the nucleus of which we have already organised in the International Students' training Course, a scheme in which nurses from all over the world can participate and which will educate them in the higher branches of administrative work and public health. We have come together today for co-operation, amalgamation, and progress, to found not a museum or memorial of stone, but a forceful and useful organisation, in constitution simple and yet effective, whereby all humanity may benefit."—Mrs. Bedford Fenwick's concluding remarks in her address at the Inaugural Meeting of the National Florence Nightingale Memorial Committee of Great Britain. — The British Journal of Nursing, August, 1932.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
MARY F. CAMPBELL, 344 Gottingen Street, Halifax, N.S.

Chairman's Address

By MARGARET MOAG, Montreal, P.Q.

It is very interesting to see so many of our public health nurses from all parts of Canada gathered together in this province by the sea for this Sixteenth General Meeting of the Canadian Nurses Association. The past two years have been very difficult ones, for economic depression, with consequent unemployment, has taxed the efforts of all health and social agencies in every community. All health programmes have been endangered, yet never were the services of qualified public health nurses so essential or the health needs of the communities so apparent.

Co-operation, which has always been of vital importance, would seem to be the keynote of community work at present, for health workers and social workers are greatly dependent upon each other in this national extremity. Volunteers never were so eager for opportunity for service previously, and while we recognise the difficulty of finding time in an already overburdened programme to teach and interpret our work, is it not worth while to make the effort, remembering that the volunteer of today may be the future board member, and *is*, if not already, *the potential taxpayer?* Health workers in every field pass on, through time, to wider fields of service or otherwise, and in the last analysis the governing lay body is responsible for seeing that the community needs are met; hence the necessity of their education and understanding of public health work. Books and pamphlets, outlining standards and principles of public health nursing, are available today, and may be easily read and understood by lay members, with some assistance through conferences with the health worker. We must remember, too, the actual contribution these lay people will make in interpreting public health nursing to the public in general.

There are many interesting developments to be reported upon by the secretaries of the public health sections of the different provinces, so we will mention briefly a few outstanding ones.

Maternal Mortality: The reasons for maternal mortality are being thoroughly investigated by our leading physicians and we look forward to enlightening reports and constructive recommendations in the near future. Maternal institutes for nurses have been organised and conducted in various centres by the Victorian Order of Nurses for Canada, so that the essentials of maternity care may be emphasized and value noted by those attending.

Nutrition Work: New, live interest in the relation of nutrition to health is being awakened, and the value of the nutritionist is stressed in every public health programme. Not only is her teaching and supervision of the ante-natal mother of vital importance to the health of the coming generation, but her advice regarding food and nutrition for the whole family is taking a definite place in health education. When the family income is limited, here, too, her service is invaluable, as she teaches how expenditures of food may be planned in

(Public Health Section, Canadian Nurses Association General Meeting, June 24, 1932.)

order to obtain the greatest food values for the least money.

Mental Hygiene: Preventive medicine points out the value of mental hygiene in every health programme and of the necessity of its application by the visiting nurse in the home.

Health Insurance: The present economic situation has stimulated the efforts of progressive citizens to interest our governments in the necessity of unemployment and health insurance, and we have reason to believe it is only a matter of time until these are realities throughout Canada. Socialisation of nursing will eventually follow these two developments, so that skilled nursing service will be available at reduced costs for everyone requiring it.

Survey: Perhaps the most outstanding development is the completion of the Survey of Nursing Education in Canada. It has provided our Section, as well as all others, much food for thought and study during the next two years. Public health nurses throughout Canada must familiarise themselves with the needs as shown in the Survey Report in order that they may effectually assist in working out the recommendations made therein. Each nurse has a duty to perform in educating the lay people, who are eager to know what it is all about, and she can only do this to the extent that she herself is informed and understands.

Present and Future: This great epidemic of unemployment and consequent misery in the lives and homes of so many of our Canadian people rather obstructs our view of the future. Lower appropriations and reduced staffs tend to discourage even the most optimistic. Many are concerned because we cannot continue with the finer points of the structure we have been striving for years to attain. Let us not be pessimistic, but strongly endeavour to see that our foundations of high standards, sound technique and well prepared personnel remain firm.

We hope that our sessions will be interesting and stimulating for us all, and that we will return to our several duties with more knowledge, fresh courage and stimulation, for the part we play in the prevention of disease and the promotion of health throughout our great Dominion.

Survey of Nursing Education in Canada—The Implications for Public Health Nurses

By EUNICE H. DYKE, Director, Division of Public Health Nursing, Department of Public Health, Toronto, Ont.

These remarks include nothing that we have not said or thought—many of us. My lot is to present the point of view in a formal paper.

With fifteen minutes at my disposal to present the topic assigned, it is necessary to choose from among the many "implications of the Survey for public health nurses." I have chosen one. Other nurses who will discuss the topic may use their time to modify my statements or may present other implications which they consider equally important.

The clear message of our Survey of Nursing Education is that Canada has permitted the hospital rather than the community to dominate the nursing profession, and to leave the nursing services of the community unorganised. Since the public health nurses touch all phases of the community and understand its needs as no other nurses of today can be expected to do, their answer to that message must be that they will accept responsibility for interpreting the

(Read at the Public Health Nursing Section, Canadian Nurses Association General Meeting, June 23, 1932.)

community needs to their profession. Upon them *at this time* must fall the burden of leadership for the nursing profession and nursing.

All public health nurses are not community-minded, and community-minded women are found among hospital superintendents and private duty nurses. The vision of many hospital superintendents has been the strength of the public health activities in their communities. The exaggeration of the painter rather than the accuracy of the photographer is evident in my statement that the burden of leadership must fall at this time upon the public health nurses.

Leadership of the nursing profession and nursing by the public health nurses calls for a change in their attitude to the superintendents of hospital nursing and of the hospital school. The majority of the hospitals isolate the superintendents of nurses during their years of training and their years of responsibility from the community for which nurses must be prepared and from which hospital patients come. Public health nurses will continue to honour the hospital executives, but in the light of Survey findings we cannot continue to expect them to determine what nursing services and the preparation of nurses for the community shall be.

The public health nurses' attitude to the private duty nurses will be changed by the Survey. The private duty nurses are identified with an important section of the home life of the community. The Survey suggests developments in the organisation and employment of private duty nurses which involve united thought and action between public health and private duty nurses. As a result of the Survey, more interpretation of community needs and co-operation in organising community services will be expected from private duty nurses than has been expected in the past.

The identification of the public health nurses with the community has been developing bonds with teachers, social workers and civic leaders—bonds which are frequently closer than those with their own profession. A common origin has held public health nurses by sentiment to the institutional and private duty nurses, but they are *not* sharing their interests with other nurses to the extent that they share them with teachers and social workers. Since the motive power for the entire nursing profession should be community rather than hospital needs, the public health nurse is called upon to share her community contacts with the more isolated members of her profession.

The Report of the Survey reflects the modern public health movement in its application to the term "health services" to the care of the sick in hospital and homes as well as to the special services created for the prevention of disease and the maintenance of health. The unity of research, professional education and the varied services having as their purpose the care of the sick, the prevention of disease and the maintenance of health, characterises modern public health thought. The public health nurses, whose contact with homes rather than sick individuals impresses them with that essential unity, recognise the value of united thinking on the part of hospital, private duty and public health nurses. A *united nursing profession* would support similar movements within the medical profession and the sound development of all forms of community organisation for the advancement of health standards.

Assuming that the hospital rather than the community has dominated Canadian nursing in the past, that the public health nurse must, as the result of her wide community contacts, accept leadership for the nursing profession, and that her leadership will result in unity of effort among all nurses concerned with the care of the sick and the maintenance of health, we shall proceed to consider what the public health nurses' leader-

ship of the nursing profession might involve.

The obligation of leadership from public health nurses is not limited to the committees of national and provincial nursing associations or to members of conspicuous organisations. The leaders in all phases of our national life come, as a rule, from the smaller communities. In the town with one hospital, a handful of private duty nurses, trusted practical nurses, friendly neighbours, and a few public health nurses whose services are not broken up into artificial specialties, a unity of community thought and effort can be developed which is difficult under the isolating conditions of the large cities. The legislative assemblies respond to the trusted advisors from home towns, and a united home-town nursing group will win their confidence. Upon legislative changes depend the reorganisation of nursing schools and nursing services, and those legislative changes may depend upon a united nursing profession in the small towns of Canada.

The recommendations of the Survey are directed towards the establishment of nursing schools which are financed by and responsible to the community. Sound teaching methods would be developed by these schools and nurses produced which the community would employ at adequate salaries. The recommendations are directed, also, towards the organisation of nursing forces on a basis which would be acceptable to the public and to the nurses themselves. What contribution might public health nurses make towards the attainment of these ends?

1. The first effort of the nursing profession must apparently be to convince legislative assemblies that progress in overcoming present dissatisfaction with nursing services depends upon the creation of schools which are independent of hospital control, although making use of selected hospitals as teaching fields. The approach of hospital finance and administration is not enough. The questionable value of the product of the present hospital schools needs publicity which the public health nurse can provide through her varied community contacts. Constructive criticism of the hospital school as one cause for her own limitations might be effective.

2. In order that the public health nurse may gain experience in preparation for membership on the staffs of the nursing schools of the future, and in order to plan with present-day hospital schools for future developments, the public health nurses might join with nurse instructors and head nurses in their study of the present lectures and practical experience provided for hospital students. That cooperative study might lead to requests for the public health nurse to give lectures and provide practical experience for the hospital student. The least result to be hoped for would be a changing emphasis in the selection of students, the lectures, and the practical experience for which the staff of the hospital school is responsible.

3. The membership and programmes of local nursing associations might be influenced more strongly than at present by the public health nurses of a community. These organisations afford opportunities for group thought which would strengthen the teaching of the hospital school and the organisation of nursing forces. It is important that these local associations include hospital, private duty and every variety of public health nurse, and that the programmes should enlist the younger nurses from all three groups.

(a) A typical question for conference between the three groups might be whether the hospital school should teach the student to bathe the baby on a table or on the knee. This apparently trivial question involves the consideration of household equipment and family life which should influence the teaching of the hospital school. A study of the relationship of a pa-

tient's family to the hospital might lead to more use of telephone interviews and visiting hours for teaching purposes. A demonstration by a hospital dietitian of the use which can be made of the food provided by public relief agencies for the families of the unemployed would modify the hospital course in dietetics.

(b) A topic for debate in local nursing associations which would stimulate thought directed towards the organisation of community nursing forces would be: "Resolved that each branch of the Victorian Order of Nurses should employ a second group of salaried nurses to provide resident nursing care in the homes." Canada *may* have in its semi-official national nursing organisation (the Victorian Order of Nurses) the answer to the growing demand for a socialised system of nursing care for the sick. It may be that the evidence of the Survey regarding the distribution and employment of nurses calls for the development of the Victorian Order rather than for the district registries as a function of the nursing councils which are suggested in the Survey Report. Some local nursing association, with representatives from hospital, private duty and public health nurses, may be able to reduce, to the simplest terms, the problem of distribution and employment of nurses for consideration by the Canadian Nurses Association.

Many years ago, when I was still under the spell of the training school atmosphere, I was sympathising with a hospital superintendent over certain petty destructive criticisms from members within a nursing association. I remarked that the trouble with our profession was that we would not grant loyalty to our responsible leaders. She replied that the weakness of the majority of nurses was an unwillingness to lead. The years have taught me that she is right. We produce few leaders within our profession in comparison with our numbers and very few for important community services, which are suffering from the lack of the insight our profession might bring. The atmosphere of this conference is not the atmosphere in which the majority of us carry on our daily work. Whenever we acknowledge the weakness to members of our own profession or to protesting co-workers, the reasons given are usually our age-old subordination to the medical profession and the training school attitudes. The evidence of the Survey suggests other distressing causes. Possibly the paralysing influence which has resulted in our confessed weakness is that the nursing associations have not recognised an objective strong enough to unite their divided interests, an objective which is strong because it supersedes our personal and professional concerns. The Survey presents that objective: the community and its needs.

The vision of leaders among our hospital superintendents has encouraged the development of qualities of leadership among public health nurses. Today we have a president and a secretary from that group. The time may come when our local, provincial and national officers will be community nurses in the truest sense, whether they come from private and public health organisations, from private practice, from hospital wards and offices, or from schools of nursing. That time will come when the nursing profession is dominated by community needs and works unitedly with other professions and the public for the advancement of health standards in Canada.

When the next Survey of Nursing Education in Canada is completed we will acknowledge more fully our debt to Dr. Weir and the Survey Committee of today for the honesty with which they have presented the facts of the present situation for our guidance.

*Florence Nightingale—A Review**

By JEAN E. BROWNE

So many books and articles have been written and so many speeches have been made on the life of Florence Nightingale, that one's involuntary reaction to a new life is a rather pensive, or shall we say peevish, sigh. But to read Irene Cooper Willis's recently published book is to take a fresh start. One sees Florence Nightingale almost as a new and vibrant character, through the clear and penetrating eyes of this biographer.

So much sickly sentimentalism has been built up around the story of this great woman —the kind of thing which she herself so heartily despised—that it is refreshing to find an analysis of her character made with honesty and understanding. And this in no way diminishes the splendour of her qualities, but it reveals to us a real person in whom we can believe, rather than a mythical being crowned with a halo of sanctity.

The author makes a great point of throwing up Florence Nightingale's "insatiable public spirit" in high relief against the social background of the first half of the nineteenth century, when public spirit was deplorably lacking. "The Industrial Age had brought social problems with it, to grapple with which there was neither experience, policy nor administrative machinery." To get this background more clearly fixed the reader should refer to an account of the rise of Luddism and to the later Chartist Movement in England. Florence Nightingale was born in this period, when the world was only just beginning to have a conception of its social responsibilities, so it was little wonder that she had to engage in a really terrific struggle to emancipate herself from the traditions of her class. But because of her indomitable will and energy, she did break loose from these bonds. Strangely enough, although she herself was by far the most outstanding example of "woman's rights," she never allied herself very closely with the suffrage movement.

Having analysed the elements of Florence Nightingale's character, there still remains the necessity to account for her almost Napoleonic power in England during and after the Crimean War. Public opinion, roused to horror by the accounts of the horrible sufferings of the wounded soldiers in the Crimea, was the element which brought her efforts such quick results, and which placed her on such a dizzy pedestal. "If there had been no war, she might have worked throughout her long life transforming nursing and reducing the heavy mortality rate and toll of pain in illness, but her work would not have received quick recognition. . . . In the usual course of events, the powers that be hold their own against any outside criticism. But in war-time, there are certain themes the merest touch upon which causes national emotions to rock with hurricane strength, and one of these, naturally, is the welfare of the army. . . . Florence Nightingale, the greatest comfort the British Army had ever known, had, therefore, as far as public opinion was concerned, a 'walk-over' in her match against professional prejudice."

Those who write the history of Military Medicine are apt to be out of sympathy with Florence Nightingale's revolutionary work for the care of soldiers. Yet certain facts, clearly brought out by the writer of this volume, can not be side-tracked. There is incriminating evidence that the head of the Army Medical Department and the Principal Medical Officer at Scutari declared over and over again that nothing was wanted—and this in the fact of the most appalling lack of even the barest necessities of cleanliness and sanitation, to say nothing of comfort. Also, in the instructions issued by the Principal Medical Officer, there was a definite caution to Medical Officers against the use of chloroform in operations with the explanation that "it was better the hear a man bawl lustily than to see him sink silently into the grave". The mischief lay in the fact that army administration had not been looked into for forty years, that more than half a dozen separate departments had to do with army matters, that their various functions had never been co-ordinated, and that no single authority appeared to be able to exercise full control. Consequently, even when supplies were sent, it was impossible to get at them without tedious delays. One can readily imagine how a practical and merciful woman would chafe at such inefficiency, and how she was unsparing of her exposure of all those who stood in the way of effective care of the wounded. Expose them she did with a thoroughness which in time led to a complete reorganisation of the British Army Medical Corps.

Her reorganisation of nursing in England after the Crimean War is a somewhat similar story. The chapter on "Hospitals, Nurses and Statistics" cannot fail to be of compelling interest to all who are concerned in the development of nursing. Again, she encountered the antagonism of the medical profession. Dr. South, the senior surgeon of St. Thomas's, wrote a pamphlet attacking the new school of nursing. "He declared that the proposed school was quite unnecessary, that statements about nursing inefficiency were quite untrue, and that the old-fashioned nursing was excellent and was satisfactory to all physicians and surgeons, as was shown, he said, by the fact that out of ninety-five physicians and seventy-nine surgeons in the seventeen London hospitals, only three physicians and one surgeon from one hospital

(*Florence Nightingale, by Irene Cooper Willis, published by George Allen & Unwin, Ltd., Ruskin House, 40 Museum St., London, England. Price, $2.25.)

and one physician from another had supported the scheme." No doubt the other 169 were prototypes of the reactionary medical men of the present day.

The author states that Florence Nightingale had a passionate belief in statistics. The epigrammatic style of the following paragraph is typical:

"Like Moses, Florence was a great lawgiver. I fancy, however, had she been in Moses' place, she would have made short work of those wanderings in the wilderness; I think she would have got the Israelites into Canaan, by hook or by crook, in much less time than forty years. She would not have thought it necessary to toil up Mount Sinai to procure from Jehovah the Ten Commandments. She would have promptly established a department of statistics as an annex to the Tabernacle and from an exhaustive study of its data she would have deduced the laws of the universe."

After her School of Nursing was well started, Miss Nightingale turned her attention to Reform in India. Her great personal friend, Dr. Jowett, gave her the following title: "Florence the First, Empress of Scavengers, Queen of Nurses, Reverend Mother Superior of the British Army, Governess of the Governors of India".

But whatever activity occupied her attention, she was known to be a person who got things done, and who did not mince her words. "You may think I am not wise in being so angry," she wrote to Sir James Clark in 1864, apropos of a correspondence she had been having with the War Office. "But I assure you, when I write civilly, I have a civil answer—*and nothing is done.* When I write furiously, I have a rude letter—*and something is done* (not even then always, but *only then*)."

The book ends on the note of her favorite hymn, "The Son of God goes forth to War," and the author's closing words are well-chosen indeed. Following a few bars of the music of this well-known hymn is the commentary "How few the notes! What fervour they carry! So it was with Florence's life. A few strong notes—no deviation from the scale of them; no elaboration of theme—faith, ardour, singleness of purpose, great Victorian qualities, filled out and quickened by a battle imagery, tense with fighting appeal."

Catholic Hospital Association

An excerpt from the Resolutions unanimously adopted at the closing meeting of the Catholic Hospital Association of the United States and Canada at its Seventeenth Annual Convention, Villanova College, Villanova, Pennsylvania, June 24, 1932:—

"BE IT RESOLVED, That this Association reaffirm its repeated indorsements of all programmes formulated by its sister organisations for the progressive advancement of nursing education.

"BE IT FURTHER RESOLVED, That this Association hereby reiterate the confidence expressed by the Sixteenth Annual Convention that a formulation and development of criteria of educational excellence is a responsibility which our own organisation cannot escape in view of the present national status of nursing education.

"Specifically, therefore,

"(1) This Association hereby endorses the programme already undertaken by its Council on Nursing Education aided by the newly created Advisory Committee;

"(2) This Association requests of the Council the further study of a number of special problems, the existence of which and the need of a solution of which have been specially called to the attention of the Association in the course of the present Convention. Among these problems are:

"(a) The formulation of an administrative and instructional terminology suggestive rather of the educational institution than of the apprentice training in the development of the nurse;

"(b) The further development of all the fourteen criteria of excellence formulated by the last year's Convention;

"(c) The further development of the informational and instructional service of the Association as an aid to the individual schools seeking the Association's counsel;

"(d) The more complete study of the affiliation of our schools of nursing with accredited colleges and universities and the formulation of principles which will safeguard the use of such affiliation in the more effective education of the nurse;

"(e) The further development of a programme looking towards a more extensive use of hospital affiliation for the purpose of supplementing the deficiencies in the curriculum of individual schools of nursing and the development of closer relationships between the schools of nursing and public health agencies for the purpose of affording a much-desired measure of public health experience in the nurse's educational programme;

"(f) A more extensive study of the true scope of nursing education with its various sub-divisions, together with information concerning centres of education for various classes of nurses.

"Approved:

"STEPHANIE M. ----------

"President"

See page 573 for announcement of Examination for the Registration of Nurses in the Province of Ontario.

News Notes

Contributors to this department of the Journal are requested to note that **after November first** all copy should be addressed to 401 Crescent Building, Montreal, Quebec, the new headquarters for the Canadian Nurses Association.

MANITOBA

General Hospital, Winnipeg: Miss Ella McKechnie (1927) was to sail the end of August for India, where she will join the staff of the Gwalior Mission Hospital at Shausi. Miss Beulah Bournes (1929) was to sail for Korea on August 27, 1932. She will take charge of a Mission Hospital at Hamheung, Korea. Mrs. Harry Williams (Kate McKellar, 1925) and her husband have returned from China on furlough. Mrs. R. Emmett (Isabel Hamilton, 1919) has returned to Winnipeg after spending the past three months in England and on the Continent. Misses Fannie Clegg (1932) and Margaret Finlay (1928) relieved on the staff of the Social Service Department, W.G.H., during the summer months. Miss Winnifred Stevenson (1927) visited in Vancouver and Victoria during July. The following graduates visited in Winnipeg during the summer: Mrs. T. Nesbitt (Flora Lawford, 1906), Chicago, Ill.; Miss Marion West (1930), Boston, Mass.; Miss Elizabeth Pearston (1924), Grande Prairie, Alta.; Miss Lillian MacAuley (1919), Port Arthur, Ont.; Miss Beatrice Creasy (1929), Toronto, Ont.; Mrs. Robert Richardson (Helen Halloway, 1925), Chicago, Ill.; Miss Nan O'Grady (1925), Vancouver, B.C.; Mrs. John Kniper (Bessie Bennett, 1925), Lexington, Kentucky; Miss Clara J. Forbes (1929), Brantford, Ont.; Miss Jean Whiteford (1924), Kitchener, Ont.; Mrs. Paul Merritt (Violet Neelin, 1928), Marion, N.D.; Miss Mabel F. Gray (1907), Vancouver, B.C.; Miss Janet Smith (1928), Belleville, Ont.; Miss C. Lynch (1925), Ponoka, Alta.; Mrs. Purdy (Olive Patrick, 1920), Kingston, Ont.; Mrs. Minnie Gardner (1925), Detroit, Mich.; Miss Elva Pringle (1929), Ann Arbor, Mich.; Miss Ann Goodwin, (1929) La Porte, Indiana.

NEW BRUNSWICK

Miramichi: The members of the student government of the Miramichi Hospital, accompanied by members of the faculty, held a very enjoyable beach party on Monday, August 15th. The party motored to Bay Du Vin Beach, where many indulged in swimming, while the others went for a stroll along the beach. A pleasant sing-song around a cheery bonfire on the beach brought the pleasant evening to a close.

ONTARIO

Legislative Amendment

The Registration of Nurses Act, 1922, was amended on February 21st, 1929, by adding the following words:

"And no nurse shall be considered in good standing in the Province of Ontario, or as a Nurse registered under the Registration of Nurses Act, 1922, and entitled to use the designating letters 'Reg.N.' after her name unless she has paid the prescribed fee for the current year. Failure to pay the fee for the current year on or before the date specified in the Regulations, namely, the first Monday in February, shall automatically suspend the registration and also suspend all rights and privileges enjoyed under such registration. Suspension so incurred may be revoked on payment of all arrears in this respect and on presentation to the authorized Nurses Registration Branch of the Department of Health, of a satisfactory reason for failure to comply with the Regulations."

Paid-up subscriptions to "The Canadian Nurse" for Ontario in August, 1932, were 976, nine more than in July, 1932.

Appointments

Miss Christina McLaren, formerly of North Bay, has recently accepted the appointment of Assistant Superintendent of Nurses at Strathroy General Hospital.

Miss L. McTague (Kitchener and Waterloo Hospital, Kitchener, 1921) has accepted the position of assistant superintendent, and Miss Wilda Pollock (1926) as supervisor at the Kitchener and Waterloo Hospital.

Miss Aubra Kathleen Cleaver has recently taken up her duties as superintendent of the Galt General Hospital. Miss Cleaver's home is in Burlington, Ont. She is a graduate of the Toronto General Hospital, 1923. Since graduation Miss Cleaver has spent two years in industrial nursing service, three years in Red Cross Out-Post Hospital service at Dryden and New Liskeard, and two years on the staff of the Toronto General Hospital. Miss Cleaver has recently completed a course for administrators and teachers in Schools of Nursing at the University of Toronto.

Miss Agnes Campbell is now superintendent of the Guelph General Hospital. She is a graduate of the Toronto General Hospital, Class 1912, and after graduation was on the staff of that institution, later serving overseas with the University of Toronto Unit No. 1. Formerly superintendent of nurses at the Saskatoon City Hospital, Miss Campbell took a course at McGill University to prepare herself for hospital and training school administration.

Districts 2 and 3

An executive meeting of Districts 2 and 3, R.N.A.O., was held at the Freeport Sanatorium, Kitchener, August 17th, 1932. Those attending were Misses H. Booth, A. Weber, H. Herr and Jessie M. Wilson.

District 2

General Hospital, Brantford: Miss Lavinia Gillespie and Miss Dora Arnold of the nursing staff are on vacation. Miss S. Livett has returned to the Brantford General Hospital after spending a month in Galt. Miss Jessie Edmondson entertained a few friends most enjoyably in honour of Mrs. Sketetee, *nee* Miss M. Hall, whose marriage took place recently at Grand Rapids, Michigan. Miss E. M. McKee, superintendent, Brantford General Hospital, is spending her vacation in Montreeal. Miss E. M. Jones spent an enjoyable holiday at Fenelon Falls, Kawartha Lakes. Miss L. VanEvery (1932) is supervising in the operating room during the absence of Miss Hilda Muir, who is on vacation. Miss M. McCormack (1925) has returned to the Stevenson Memorial Hospital, Allison, after holidaying in Brantford. Miss G. Turnbull (1927) spent a short time recently in Detroit, Mich. Friends of Miss M. Wentworth (1932) will be pleased to know that she has recovered sufficiently after her recent operation to return to her home. Miss G. Moyer (1930) relieved for the V.O.N. during the month of July. Miss A. Mair (1926), of Brooklyn, N.Y., is on vacation at her home in Brantford. Miss M. Gillespie (1915) has returned after a motor trip to Ottawa and Owen Sound. Miss P. Cole spent an enjoyable holiday at her home near Owen Sound. Miss I. Marshall (1924) spent her vacation in Detroit, Mich. Miss Florence Kudoba, Stratford General Hospital, was a recent visitor at the Brantford General Hospital.

Stratford: Miss M. E. Gibb, assistant superintendent, Stratford General Hospital, sailed aboard the S.S. "Duchess of Atholl," on a six weeks' trip abroad. The Nurses Alumnae Association entertained the recent graduating class at a dinner party, held at the Windsor Hotel, at the conclusion of which the guests and members went to the theatre, thus completing an enjoyable evening.

Kitchener: The new wing of the Freeport Sanitarium, Waterloo County, was formally opened on Thursday, July 28th. Premier Henry and Hon. Dr. Robb officiated at the opening ceremony. Miss E. Bingemen and her nursing staff assisted Dr. and Mrs. Coutts in welcoming the guests. Tea, arranged by the Ladies' Auxiliary, was served in the new building.

Galt: The Board of Commissioners of the Galt General Hospital have, after careful consideration, decided to discontinue the nursing school and to provide a graduate nursing service, from graduates of Galt General Hospital; approximately twenty will be employed. Miss A. M. Munn, Inspector of Schools of Nursing, Province of Ontario, will place the students already in the school. The entire junior class will be transferred to the Brantford General Hospital on October 1st. These nurses will receive the in and diploma of the Galt General Hospital at the completion of their training.

Guelph: Miss Galloway and Miss Armstrong, of General Hospital, Brooklyn, N.Y., and Miss Brown, of Public Health Department, Hamilton, Ont., were recent visitors at the Hospital. Dr. W. J. R. Fowler, Chairman of the Board of Commissioners, entertained the staff and students recently at his beautiful home on the Kitchener Road. Miss Stockford, instructor at Presbyterian Hospital, Philadelphia, was a visitor recently at Guelph General Hospital. Miss S. A. Campbell had her sister, Miss Beatrice Campbell, visiting with her a short time ago en route from London, England, to Winnipeg, Man.

District 5

The Hospital for Sick Children, Toronto: The fifth annual dinner of the Alumnae Association was held on Monday evening, June 6th, 1932, at Eaton's Round Room.

Graduation exercises of the Training School for Nurses were held at Convocation Hall, Tuesday evening, June 7th. There were forty nurses in the Graduating Class. The Rt. Rev. Bishop of Niagara addressed the graduating class.

Scholarships for post-graduate work were presented to: Misses Mary Clackwood and Kathleen Clearihue, post-graduate course, University of Toronto; Miss Katharine Scott, efficient work in the operating room; The Florence J. Pott's Scholarship presented by the Hospital Alumnae Association to Miss Reba Simpson, graduate, 1925; Highest standing in practical work, Miss Elizabeth Chamberlain; Highest standing in general proficiency, Miss Mabel Townsend; Highest standing in City of Toronto Medical Emergencies, Miss Anna Hulbert; For efficient bedside nursing, Miss Effie Borland.

After the graduating exercises the guests of the Class and invited guests returned to the residence for dancing and refreshments.

Miss Austin, Superintendent of Nurses, was the representative from Hospital for Sick Children to the Canadian Nurses Association Convention held at Saint John, N.B., in June.

Miss Marian Kennedy (1930), who has been in England this last year taking a post-graduate course, has returned and is now on the staff at Hospital for Sick Children.

Misses Francis (1930) and Gelling (1930) have joined the staff at Thistletown. Miss Boughton (1931), post-graduate from Montreal General Hospital, has joined the operating room staff. Mrs. Wm. Keith (Eleanor Newberry, 1925), who was married to Dr. Wm. Keith at St. Luke's Church, Chelsea, London, England, on April 4, 1932, has returned home. Miss S. A. Kinder was in town from Montreal for the Graduation dinner and presented the Florence J. Pott's scholarship the night of graduation.

Wellesley Hospital, Toronto: Miss Campian and Miss Lyttle (1930) are taking a post-graduate course in obstetrics at the Royal Victoria Hospital, Montreal, P.Q. Miss Soloman and Miss Stanton (1931) have been abroad for two months. Miss Emma Maylor (1918), in charge of the Public

Health Department, Albuquerque, New Mexico, has been spending holidays in Forest and Toronto.

GENERAL HOSPITAL, TORONTO: Miss Naomi Piggott (1932) has accepted a position as assistant operating room supervisor at the Metropolitan General Hospital, Walkerville, Ont. Misses Helen Herbert, Rowena Hatch and Helen Russell have been on the Toronto General Hospital staff for the summer.

TORONTO WESTERN HOSPITAL: In response to a request to accept part payment of expenses and attend the General Meeting of the Canadian Nurses Association held at Saint John, New Brunswick, Miss Rahno Beamish (1919), President of the Alumnae Associatiion and Miss Maud Campbell (1931), Recording Secretary, represented the Alumnae.

NICHOLLS HOSPITAL, PETERBOROUGH: The Nicholls Hospital Alumnae held their annual picnic on June 15th at Miss Dickson's cottage, Kiwarth Park, Stoney Lake. A very pleasant afternoon was spent swimming and playing baseball.

DISTRICT 6

NICHOLLS HOSPITAL, PETERBOROUGH: The Nicholls Hospital Alumnae held their annual picnic on June 15th at Miss Dickson's cottage, Kiwarth Park, Stoney Lake. A very pleasant afternoon was spent swimming and playing basebsll.

DISTRICT 9

NORTH BAY: Mrs. Edith Bagshaw and Miss Marguerite Hopper, representatives from the Provincial Department of Health, spent several weeks in North Bay making a survey and were guests of honour at the Graduate Nurses' Social Club at the May meeting. At that meeting, held at St. Joseph's Hospital, Miss K. MacKenzie, Chairman of District 9, gave a detailed report of the Registered Nurses Convention held in Ottawa Easter week.

The June and closing social for the year of the North Bay Nurses' Social Club was held at the summer home of Mrs. A. Adams, Lake Nipissing. Chicken dinner was served to about forty guests. Cards and bathing made a pleasant evening for all.

QUEBEC

SHERBROOKE HOSPITAL: Miss Verna K. Beane, assistant superintendent, has returned to resume her duties after a month's vacation. Miss Louise A. Douglass has resigned her position as night supervisor and is leaving for her home in Stanley, N.B. Miss Marjorie Carr succeeds Miss Douglass. Miss M. Edyth McDowell, instructor, is spending her vacation at her home in Brandon, Man.

JEFFERY HALE'S HOSPITAL: Misses C. E. Armour, G. H. Weary and D. M. Anderson attended the C.N.A. meeting in Saint John. The graduating class was entertained at a dinner in May at the Chateau Frontenac by the Alumnae. The decorations were effectively carried out in the school colours of blue and gold. As a souvenir of the occasion each guest received a blue and gold butterfly. Miss MacKay, president, presided. Part of the programme consisted of the following toasts: "The King," Miss Irmie; "Our Alma Mater," Mrs. M. Craig; "Our Guests," Mrs. S. Barrow (Response, Miss O. Smollett); "Our Absent Friends," Miss D. Jackson (responded to by Miss Fischer). The absent friends sent several telegrams and messages of good cheer. The class prophecy, read by Miss E. Case, was greatly appreciated by all present. Miss Fischer acted as convener in her usual capable way.

The sympathy of the Alumnae members is extended to the parents and sister of Miss Cecile Caron (1917), whose death occurred on July 14, 1932, after a brief illness. Miss Caron had been on the nursing staff, Jeffery Hale's Hospital, for some time previous to her death.

SASKATCHEWAN

The Saskatchewan Registered Nurses' Association has awarded three scholarships for University courses since 1929. This year's award was made to Miss Kathleen Rowlay, of Craik, Saskatchewan, who will enter McGill University this fall for the post-graduate course in Teaching and Administration in Schools of Nursing.

Application forms for the 1933 scholarship will be mailed to all members of the Association in January, and the award will be made at the annual meeting during Easter week. Miss E. Smith, Normal School, Moose Jaw, is the Convener of the Scholarship Committee.

C.A.M.N.S.

HAMILTON: Mrs. (Dr.) Cowan entertained the Hamilton Unit of Overseas Nurses at a delightful evening on July 13th at her home near Grimsby. There were seventeen nurses present, including Mrs. Cowan, who is a member of the Hamilton Unit.

VANCOUVER: On August 20th a delightful garden party for the members of the Overseas Nursing Sisters' Association was held at the residence of Mrs. Bradford Heyer. Badminton and clock golf were enjoyed during the afternoon by the guests, who were received by Mrs. Heyer, assisted by Miss Jane Johnson, president, and Miss Jean Matheson, matron of Shaughnessy Hospital. Tea was served on the wide lawns and, later, bridge was played in the evening.

SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY

At the C.N.A. General Meeting, memories of which will not soon be forgotten, a hastily arranged lunch of the Alumnae took place, with a very splendid representation in attendance.

The members were fortunate in having two of the honorary members present: Miss Hersey of the Royal Victoria Hospital, Montreal, and Miss Grace Failrey of the Vancouver General Hospital, Vancouver; also Mrs. I. Manson Prince, Assistant Director, School for Graduate Nurses, McGill University.

Members of the Alumnae present were: Miss Jean Wilson, Executive Secretary, C.N.A., Winnipeg; Miss E. F. Upton,

Executive Secretary, A.R.N.P.Q., Montreal; Miss M. K. Holt, Lady Superintendent, The Montreal General Hospital, Montreal; Miss Anne Slattery, Public Health Department, Windsor, N.S.; Miss Beamish, Assistant Superintendent of Nurses, Toronto Western Hospital, Toronto; Miss Grace Bell, Assistant Superintendent of Nurses, Grace Hospital, Toronto; Miss Mary Bliss, Perth, Ont.; Miss Aileen Pringle, Instructor, St. Luke's Hospital, Marquette, Mich.; Miss Orr, Superintendent, Shriner's Hospital, Montreal; Miss Fidler, Director of Nursing, Psychiatric Hospital, Toronto; Miss Acland, Assistant Superintendent, Strathcona Hospital, Ottawa; Miss Allen, Victorian Order of Nurses, Toronto; Miss F. A. George, Lady Superintendent, The Woman's General Hospital, Westmount; Miss Victoria Winslow, Superintendent, The Children's Hospital, Halifax; Miss Myrtle MacMillan, Superintendent, General Hospital, Glace Bay, N.S.; Miss Marion Boa, Superintendent, Aberdeen Hospital, New Glasgow; Miss Marion Lindebergh, Assistant Director, School for Graduate Nurses, McGill University, Montreal; Miss Madeline Taylor, Supervisor, V.O.N., Montreal; Miss Christine Dowling, Assistant Supervisor, V.O.N., Montreal; Miss Marion Nash, Educational Director, Victorian Order of Nurses, Montreal; Miss Beatrice Hadrill, Superintendent, The Homeopathic Hospital, Montreal; Miss Barbara Widder, Public Health Nurse, Campbellton, N.B.; Miss A. Laporte, Public Health Nurse, Winnipeg, Manitoba; Miss G. M. Murray, Superintendent, Soldiers' Memorial Hospital. Campbellton, N.B.; Miss K. Jamer, Surgical Supervisor, The Royal Victoria Hospital, Montreal; Miss E. Bell Rogers, Instructor, The Royal Victoria Hospital, Montreal; Miss G. Hillyard, Instructor, The Children's Memorial Hospital, Montreal; Miss Winnie L. Chute, Student, Toronto; Miss Blanche Anderson, Instructor, Ottawa Civic Hospital; Miss R. Manning, St. John General Hospital; Miss E. Ferrand, Public Health Nurse, Amherst, N.S.; Miss M. Northrup, Kingston, N.B.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BAUMAN—On June 29th, 1932, at Kitchener, to Mr. and Mrs. L. Bauman (Beatrice Hunstein, Kitchener and Waterloo Hospital, 1927), a son.

BRADY—In August, 1932, at Parry Sound, Ont., to Dr. and Mrs. Brady (Phyllis Mosley, Toronto General Hospital, 1927), a son.

COLE—On August 2nd, 1932, at Brantford, to Mr. and Mrs. J. M. Cole (Mary Slee, Brantford General Hospital, 1930), a daughter.

EASTON—On August 5, 1932, at Toronto, Ont., to Dr. and Mrs. Norman Easton, a son.

HEWITT—On August 18, 1932, at Saint John, N.B., to Dr. and Mrs. S. R. D. Hewitt (Edna Dow, Toronto General Hospital, 1911), a son—David Garry Ross.

LEHMAN—On April 6, 1932, to Mr. and Mrs. Bert Lehman (Muriel Griffin, North Bay Civic Hospital), a son.

LYON—On August 19, 1932, to Mr. and Mrs. B. Lyon (Ruth Edney, Jeffery Hale's Hospital, Quebec, 1931), a son.

McCULLY—On August 18, 1932, at Toronto, Ont., to Mr. and Mrs. Thomas McCully (Muriel Burrell, Toronto General Hospital, 1931), a son.

McDOUGHALL—On August 18, 1932, at Toronto, Ont., to Mr. and Mrs. McDoughall (Sadie McDonald, Toronto General Hospital, 1923), a son.

NEWMAN — On December 24, 1931, to Mr. and Mrs. Carl Newman (Anita Parks, Hamilton General Hospital), a son—Wallace Carl

OGG—On August 19, 1932, at Guelph, Ont., to Mr. and Mrs. Charles Ogg (Annie Cross, Guelph General Hospital, 1921), a daughter.

PRITCHARD—On August 23, 1932, at Toronto, Ont., to Mr. and Mrs. Harry Pritchard (Leila Ham, Toronto General Hospital, 1921), a daughter.

RIDDELL—On August 12, 1932, at Brantford, Ont., to Mr. and Mrs. George R. Riddell (Beatty Hill, Brantford General Hospital, 1926), a son.

SEARS—On July 21, 1932, at Lamont, Alta., to Mr. and Mrs. Robert Shears (Alma Ross, Lamont General Hospital, 1927), a daughter—Louie Maxine.

SHANNETTE—On August 15, 1932, to Dr. and Mrs. A. Shannette (M. Meikle, Wellesley Hospital, Toronto, 1926), a son.

TAYLOR—On April 30, 1932, at Winnipeg, Man., to Dr. and Mrs. Jack Taylor (Molly Osborne, Winnipeg General Hospital, 1927), a daughter.

TAYLOR—On June 26, 1932, at Sherbrooke, Que., to Mr. and Mrs. Ross Taylor (Maude Pearson, Sherbrooke Hospital, 1926), a daughter.

WAMERSLEY — On May 18, 1932, at Winnipeg, Man., to Mr. and Mrs. T. E. Wamersley (Mary Floyd, Winnipeg General Hospital, 1927), a daughter.

WAUGH—On July 23rd, 1932, at Winnipeg, Man., to Mr. and Mrs. H. E. Waugh (Marjorie Ross, Winnipeg General Hospital, 1929), a daughter.

WHITE—On August 27, 1932, at Toronto, Ont., to Mr. and Mrs. White (Hilda Aldous, Toronto General Hospital, 1927), a daughter.

MARRIAGES

BARR—CAMPBELL—On August 27, 1932, at Lanark, Ont., Flora Campbell (Toronto General Hospital, 1929), to Lindsay Barr.

BLANCHET—FLEMING — On April 5, 1932, at North Bay, Ont., Mrs. Mabel Fleming (Port Arthur General Hospital) to John Blanchet, of North Bay.

BOLDUC—NOONAN—On August 1, 1932, at Quebec, Margaret Noonan (Jeffery Hole's Hospital, Quebec, 1929), to Ernest Bolduc, formerly of Lewiston, Me.

CARTHES—HARVEY—On July 30, 1932, at Deseronto, Ont., Helen Harvey (Toronto Western Hospital, 1921), to William Thomas Carthes.

COOK—HOFFMAN — On June 17, 1932, at Toronto, Mabel Christina Hoffman (Toronto Western Hospital, 1930), to James Thomas Cook, B.A.

EDWARDS—MILLING — On August 6, 1932, at London, Ont., Mildred L. Milling (Toronto Western Hospital, 1928), to A. Earl Edwards, of Toronto, Ont.

GRAY—ADAMS — On July 20, 1932, at Matapedia, Que., Louisa M. Adams (Jeffery Hale's Hospital, Quebec, 1928), to Peter Gray, formerly of Scotland.

GREENLEY—PAIGE—On June 25, 1932, at Greenley, Que., Pearl M. Paige (Sherbrooke Hospital, 1930), to Irwin Greenley, of Greenley, Que.

HAGEY—BARBER—On August 25, 1932, at Port Elgin, Ont., Frances Barber (Toronto General Hospital, 1930), to C. N. Hagey.

HARKNESS—HANNAFORD — On July 30, 1932, at Sundridge, Ont., Frances Lillian Hannaford (Toronto General Hospital, 1923), to James Lindsay Harkness. Mr. and Mrs. Harkness will reside at Ansonville, Ont.

JAMESON—ROE — On June 8, 1932, at Bolton, Ont., Dorothy Viola Roe (Toronto Western Hospital, 1929), to Thomas H. Jameson.

KELLAWAY—PHILPOTT—On May 25, 1932, at Chicago, Ill., Leah Philpott (Hamilton General Hospital, 1924), to Gilbert Walter Kellaway, of Galesburg, Ill.

KILPATRICK—POPLESTONE—On July 9, 1932, at Blyth, Ont., Jeannette Poplestone (Guelph General Hospital, 1930), to Dr. Carman Douglas Kilpatrick, of Blyth, Ont.

LESURF—PARSONS—In April, 1932, at Peterborough, Ont., Frances Parsons (Nicholls Hospital, Peterborough, 1930), to William Lesurf, of Peterborough, Ont.

McCREA—COLES — On August 3, 1932, Maude Elizabeth Coles (Sherbrooke Hospital, 1929), to Robert P. A. McCrea, of Sherbrooke, Que.

READY—STEVENS—In July, 1932, at St. Mary's, Ont., Mary Stevens (Toronto General Hospital, 1929), to James Ready, of Quebec.

RUDOLF—WISEMAN — On August 20, 1932, at Toronto, Ont., Anna Wiseman (Toronto General Hospital, 1930), to Robert Rudolf.

SMITH—DURELL—In May, 1932, at North Bay, Ont., Jessie Durrell (North Bay Civic Hospital) to Reuben Smith. Mr. and Mrs. Smith will reside at Shawville, Que.

SMITH—JAMES — On June 17, 1932, Katie E. James (Hazelton Hospital, Hazelton, B.C., 1928), to Wallace J. Smith, of Bassano, Alta.

VAREY—STEPHENSON — On February 14th, 1931, at Toronto, Ont., Beatrice Eileen Stephenson to Dr. D. H. Varey, of Brantford, Ont.

WOLFF—BRADLEY—On June 25, 1932, at Quebec, Que., Nellie Winnifred Bradley (Jeffery Hale's Hospital, Quebec, 1928), to Grant Roy Wolff, of Monument, Que.

DEATHS

BOULTON — On June 12, 1932, at Winnipeg, Mrs. J. A. Boulton (Norah O'Grady, Winnipeg General Hospital, 1925), of Denman Island, B.C.

CARON — On July 14, 1932, at Quebec, Que., Cecile Caron (Jeffery Hale's Hospital, 1917), after a short illness.

COLTON—On July 1, 1932, at Ottawa, Ont., Mrs. George Colton (Elizabeth Le Roy, St. Luke's Hospital, New York City, 1912).

DESTMAN — In June, 1932, at London, Ont., Ida Destman (Toronto General Hospital, 1920).

DEVERALL—On August 30, 1932, at Orillia, Ont., Capt. E. Victor Deverall, R.E., beloved husband of Dora Squires (Toronto Western Hospital, 1918).

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